



# 4<sup>th</sup> Annual Run for Dunn 5K Run and 1 Mile Walk

Presented by  
**Active Family & Sports  
Chiropractic**

Saturday, March 15, 2014  
Michael Dunn Center  
629 Gallaher Road  
Kingston, TN 37763

Registration/Check-in 8:00 a.m.  
Run/Walk Starts at 9:00 a.m.

*All proceeds benefit the Michael Dunn Foundation*

*Building the steps to independence for people with special needs*

All pre-registered participants will receive a t-shirt on the day of the event. All late and race day registrants will receive a short-sleeved t-shirt (either on race day while supply lasts, or from reorder after race day).

### Awards

1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place male and female finishers for all age categories,  
1st place overall male and female, 1st place overall MDC recipient  
Team awards

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: Circle one: Male Female

Age (as of 3/15/14) \_\_\_\_\_ Birth date: (mo/day/yr) \_\_\_\_\_

Team Name: \_\_\_\_\_

Circle t-shirt size: S M L XL XXL

Fees (Please check all that apply):

\_\_\_ \$25 - Early Registration Adult (thru 3/12/14)

\_\_\_ \$30 - After 3/12/14 and Race Day Adult

\_\_\_ \$15 - Early Registration Youth 14 and under (thru 3/12/14)

\_\_\_ \$30 - After 3/12/14 and Race Day Youth 14 and under

\_\_\_ \$15- MDC Employee

\_\_\_ \$10 - Michael Dunn Service Recipient

\_\_\_\_\_ TOTAL (No Refunds)

Please fill out completely and mail to:

Michael Dunn Foundation/ Run for Dunn  
629 Gallaher Road; Kingston TN 37763

Make checks payable to Michael Dunn Foundation

Information: Contact Lindsey Stevens or Beth Bolden, 865-376-3416;

e-mail: [info@michaeldunnfoundation.org](mailto:info@michaeldunnfoundation.org).

Online registration:

<http://www.active.com/running/kingston-tn/run-for-dunn-2014>

(Credit card payments accepted for online registrations only – cash or check on day of race.)

**Athlete's Release: Please sign and date:** I understand I should not enter and run in the Run for Dunn unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and /or volunteering to work in the aforementioned race, including but not limited to falls, contact with other participants, the effects of weather, including high heat or humidity, ice and snow, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I for myself, and anyone entitled to act on my behalf, waive and release The Michael Dunn Foundation, Michael Dunn Center, and any and all members thereof, and all further sponsors, their representatives, successors, from all claims or liability of any kind arising out of my participation in the aforementioned event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant permission to all the foregoing to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Athlete's Signature; If under 18, parent's signature \_\_\_\_\_ Date \_\_\_\_\_

We reserve the right to disqualify anyone who exhibits unsportsmanlike conduct or is abusive to volunteers.

**Headphones are PROHIBITED at this event.** Due to insurance regulations, roller blades, strollers, bicycles, and dogs are not allowed on the course.

**Course closes after 2 hours and 15 minutes**

