

COMPASSION RUN

REGISTRATION FORM

\$15 if Pre-Registered by 9/24/10

\$20 Day of Race Registration

Name: _____

Sex: **M** **F** Age: _____

DOB: _____

Address: _____

City: _____ State: _____

ZIP: _____ Phone: _____

Email: _____

(In order to participate, please review and sign waiver to the right.)

T-Shirt (Circle One): Gray Pink

T-Shirt Size: _____

T-Shirts GUARANTEED to Persons Pre-Registered by 9/24/10. Additional Shirts May Be Available for Race Day Registrants or can be Picked Up at NHC Scott 2 weeks after race.

_____ I am 'Sleeping In' on this date or have other plans, but enclosed is a donation for TFGE and best wishes for the event!

TFGE is a 501(c)3 organization and contributions above and beyond race day registration fee are tax-deductible and you will receive a receipt and tax information for any contribution above the registration fee.

**Make Checks Payable to:
NHC Scott/TFGE**

Release and Waiver: I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically stable and properly trained. I agree to abide by any decisions of a race official relative to safely completing the run. I assume all the risks associated with running/walking in this event including high heat and/or humidity, traffic and other road conditions, all such risks being known and appreciated by me. Having read this waiver and knowing those facts, I, individually, (and/or parent/guardian of minor) for and in consideration of acceptance of this entry in the Compassion Run Event, do hereby release, remise, waive, and forever discharge NHC Scott and The Foundation for Geriatric Education and its officers, directors, agents, volunteers, and employees, the City of Lawrenceburg and Lawrence County High School, and all affiliates, sponsors, and representatives and successors from all claims of liabilities of any kind arising out of participation in this event. I grant permission to use photographs, motion picture recordings, or any records of this event for legitimate purposes such as marketing and event promotion.

Signed: _____
(Parent or Legal Guardian Signature if under 18)

Date: _____

NHC SCOTT COLUMBUS DAY WEEKEND

COMPASSION RUN



**Mail Registrations Forms and
Payment to**

NHC Scott HealthCare

Attn: Elizabeth Eubanks

PO Box 767

Lawrenceburg, TN 38464

or turn in in person at

NHC Scott

2380 Buffalo Road

For Questions Contact:

Casey Willis or Elizabeth Eubanks

Monday-Friday 8am-5p:

(931) 762-9418

After 5pm and Weekends:

(931) 766-9275

Event is Rain or Shine

*If Severe Weather Warnings are Present,
there may be a Time Delay.*

Race Day Registration:

7:00am-7:30am

Stretching/Welcome: 7:45am

Race Start: 8:00am

Registration/Race Start Location:

**Lawrence County High School
Gymnasium (behind school)**

1800 Springer Road

Lawrenceburg, TN 38464

Course is being Certified by
USATF/RRCA

**INVITE AND CHALLENGE YOUR
FRIENDS/FAMILY TO JOIN YOU -
WALKING, JOGGING, RUNNING,
RACING!**

For Questions Contact:

Casey Willis or Elizabeth Eubanks
nhscott@nhscott.com

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<http://www.compassion5K.com>

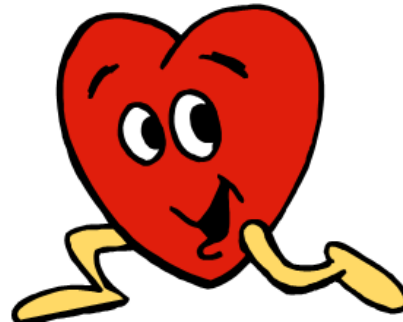
NHC SCOTT

COLUMBUS DAY

WEEKEND

COMPASSION

RUN



5K FUN

WALK/RUN/RACE

Saturday

October 9, 2010

Benefiting

The Foundation for Geriatric Education

*“By prevailing over all obstacles
and distractions, one may
unfailingly arrive at his chosen
goal or destination.”*

- Christopher Columbus

\$100 Cash to Top Male and
Female Master Runner

Awards Also Given to
Top 2 Male and Female Runners
in Each of These Age Groups:

Age 9 and under

10-14 15-19

20-24 25-29

30-34 35-39

40-44 45-49

50-54 55-59

60-64 65-69

70-74 75-99

(Age Classification Based on Race Day Age)

*Local Funds raised for TFGE (The
Foundation for Geriatric Education) in
the past and this race will be used to
support programs such as Columbia
State's healthcare programs, Tennessee
Technology Center LPN Program,
Martin Methodist College BSN Program,
training healthcare workers through
seminars at UNA and other institutions,
local health student scholarships, etc.*