



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

Sex: _____ Age: _____ Date of Birth: _____

Emergency Contact: _____

September 30th, 2018
Poker Run, Blackjack, and Double Down races start at 2:00 pm (CST).

Course: **Double Down** _____ \$30 (Day of Event - \$45)

Poker Run _____ \$25 (Day of Event - \$40)

Blackjack _____ \$20 (Day of Event - \$35)

Shirt size (circle choice): **YL S M L XL 2XL**

*Shirts guaranteed for all registrations received before 14 September 2018.

Checks payable to: Summer Allmon

Mail to: 49 Quick School Road, Fayetteville, TN 37334

SORRY, NO REFUNDS. RACE WILL BE HELD RAIN OR SHINE.

One form per runner – Copies are acceptable

Signature: _____

Parent/Guardian: _____ Date: _____

To participate in the "Quatina M. Wolaver Scholarship of Hope Poker Run", the following must be read and signed in ink. Release and Waiver Statement: In consideration of the acceptance of my entry, I, the undersigned participant, for myself, my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless any sponsors, owners and operators of motor vehicles and officers, directors, employees, volunteers and lessors of any of the foregoing persons or entities from any and all liability, whether resulting from negligence of any aspect of the "Quatina M. Wolaver Scholarship of Hope Poker Run." I also expressly covenant with the aforementioned persons and entities not to sue any such persons and entities for any such activity, including the negligence of any such persons or entities. I certify and represent by my application for entry that my physical condition is adequate to participate safely in the "Quatina M. Wolaver Scholarship of Hope Poker Run", and I hereby acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibility to do so. In the event that I receive medical care as a result of a medical emergency, I hereby consent to such care and fully release the person (s) providing such care from any and all liability, whether resulting from negligence or otherwise. I hereby certify that I have fully read and understand the foregoing release, waiver and covenant not to sue, and sign it voluntarily.

For race information and online registration, visit: www.runlincolncounty.com
or visit the event page on Facebook here: <https://www.facebook.com/events/175470083182336/>