



to benefit



2017 Butterfly Dash and Bash
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Butterfly Dash and Bash

Saturday, August 12, 2017, 10k starts at 8:15 a.m. and 5k starts at 9 a.m., 963 World's Fair Park Drive
Course description: A loop starting on the east end of Clinch bridge running through Fort Sanders neighborhood, by East Tennessee Children's Hospital, back up Grand Ave., into World's Fair Site, the 10k will run back into the Fort Sanders neighborhood to get to original loop to complete twice and ending World's Fair Site with an optional Burger Bash Festival. Tickets can be purchased at www.etch.com/dashandbash or see below. Cash prizes and awards for various age divisions, see website for details.

Registration and Entry Fee: Early registration ends August 5, 2017.

Late and race day registration price increase \$5 per category after August 5th.

Online Registration available at www.etch.com/dashandbash. T-Shirts: 1st Quality Short Sleeved.

Team Packet Pickup: Homewood Suites in Turkey Creek on Saturday, August 5, 2017 from 10 a.m. and 2 p.m.

Individual Packet Pickup: Fleet Feet in Turkey Creek on Wednesday and Thursday, August 9 & 10 between 11 a.m. and 6 p.m.

5K only entry form • Detach here • Machine copies accepted

Form fields for Last name, First Name, and Middle initial.

Form fields for Age, Birth date (Month, Day, Year), Sex (Male, Female), T-Shirt Size (S, M, L, XL, or XXL (+\$3)), and Youth T-Shirt Size (Medium).

Mailing address form field.

Form fields for City, State/Prov, and ZIP/Postal Code.

Form fields for Area code, Telephone, and Email address.

Form fields for Emergency contact: Last name and First name.

Form fields for Area code, Telephone, and Team Name (if applicable).

Early registration fees: Adult - \$25 for 5k / \$30 for 10k Child (12 & Younger) - \$15 for 5k / \$20 for 10k No T-shirt deduct \$2

Late registration fees: Adult - \$30 for 5k / \$35 for 10k Child (12 & Younger) - \$20 for 5k / \$25 for 10k No T-shirt deduct \$2

Complete and return to East Tennessee Children's Hospital, 2018 Clinch Avenue, Knoxville, Tennessee 37916

(Please make checks payable to Children's Hospital)

Form fields for race selection: Timed 5K, Timed 10K, Untimed (5k, 10k), Fun-walk, Childhood Cancer Survivor, Burger Bash x \$7.50 each, and Total amount due \$.

Athlete's release- Please read carefully

In consideration of East Tennessee Children's Hospital Association, Inc. ("Children's Hospital") accepting this entry for the Event, I the undersigned participant, intending to be legally bound, do hereby waive and forever release any and all right and claims for damages or injuries that I may have against Children's Hospital, the Event Director, RunSignUp.com, and all of their agents assisting with the Event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the Event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I acknowledge that I should not enter and participate unless I am medically able to do so and properly trained. I assume all risks associated with participating in the Event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the course. I represent and warrant as a material condition to my being permitted to enter this Event that I am physically fit and sufficiently trained for the completion of this Event. I acknowledge and agree that I am not entitled to a refund, exchange, or transfer of my registration fee should I become unable to participate in the Event or if the Event is delayed, suspended, or canceled due to weather or any other reason. If I become ill, injured, or have a medical emergency during the Event, I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge having read the above release and waiver and I agree to be bound by it. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes without compensation to me.

Signature Date Parent/Guardian if under 18

Printed name: