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## 2019 Butterfly Dash and Burger Bash

Contact: Pat Scott at (865) 603-5104 or email at pmscott@etch.com

Saturday, August 10, 2019, **10k and 5k starts at 8:30 a.m.**, 963 World's Fair Park Drive **Course description**: The Butterfly Dash and Bash is an exciting event for East Tennessee that was created between the Butterfly Fund family and East Tennessee Children's Hospital. This race begins and ends at World's Fair Park and incorporates a route that includes the Fort Sanders neighborhood and runs by cheering patients at East Tennessee Children's Hospital before returning to World's Fair Park. 10k participants will turn on 22nd street by East Tennessee Children's Hospital and get on Cumberland to take the Greenway around Tyson Park and Third Creek Greenway to Neyland Drive and back up to World's Fair Park, where the Burger Bash Festival will begin at 10 a.m. Tickets can be purchased at 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 3, 2019. Late and race day registration prices increase \$5 per category after August 3.

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

Team Packet Pickup: Homewood Suites in Turkey Creek on Saturday, August 3, 2019 between 10 a.m. and noon

Individual Packet Pickup: Homewood Suites in Turkey Creek on Wednesday and Thursday, August 7 and 8 between 9 a.m. and 6 p.m.  5K/10K only entry form • Detach here • Machine copies accepted — — — — — — — — — — — — — — — — — — —																															
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Early registration fees: Adult - \$30 for 5k / \$35 for 10k Child (12 &Younger) - \$20 for 5k / \$25 for 10k No T-Shirt deduct \$2																															
Late registration fees: Adult - \$35 for 5k / \$40 for 10k Child (12 &Younger) - \$25 for 5k / \$30 for 10k No T-Shirt deduct \$2 Entry fee includes: Burger Bash entry and 3 slider tickets																															
Complete and return to East Tennessee Children's Hospital, 2018 Clinch Avenue, Knoxville, Tennessee 37916																															
(Please make checks payable to East Tennessee Children's Hospital)																															
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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																															

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 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, p

Signature	Date	Parent/Guardian if under 18
Printed name:		