

Presented by



# THE MAN RUN™



**U/MEDICAL CENTER**  
CANCER INSTITUTE

For Prostate Cancer Awareness and Outreach

## Prostate Cancer Awareness 5K Race & 1 Mile Fun Run/Walk

**Saturday, September 6, 2008**

5K Race—8 a.m.

1 Mile Fun Run/Walk—8:30 a.m.

Tyson Park, 2351 Kingston Pike, Knoxville, TN

Entry Fee for 5K (chip timed, USTAF certified course# TN07011DR)	\$ 25.00
Entry Fee for 5K after August 29th & on-site Race Day	\$ 30.00
Entry Fee for Family 1 Mile Fun Run/Walk	\$ 20.00
Sleep In for The Man Run	\$ 25.00
Additional contribution to The Man Run	\$ _____
Total Amount	\$ _____

Complete Registration Form on back

Part of the PACE Race Series—supported by Sanofi-Aventis

Registration is also available online at [www.active.com](http://www.active.com), Event Name: The Man Run Knoxville.

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ Sex:  M  F

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Pre-registered runners/walkers packet pick-up will be at Belk Men's, Home & Kids, West Town Mall on August 30th from 1 p.m.–7 p.m. and September 5th from 8 a.m.–4 p.m.

T-Shirt Size:  S  M  L  XL  XXL  Youth M  Youth L  Youth XL

Late race registrants receive shirts as supplies last at the Registration Gazebo at Tyson Park.

I am a Prostate Cancer Survivor

### Release

I understand that my consent to the following provisions is given in consideration of the acceptance of this registration and for being permitted to participate in The Man Run. I am a voluntary participant in this athletic event and know and understand that it is strenuous physical activity and potentially hazardous to my health. Knowing the inherent hazards of participation in this athletic event, I HEREBY ASSUME AND ACCEPT FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY RELEASE AND HOLD HARMLESS University Health System, Inc. (UHS), University of Tennessee Medical Center, Total Race Solutions and any event sponsor from any loss, liability or claims I may have arising out participation in this event, including personal injury or damage suffered by me or others, whether caused by falls, contact with or negligence of other participants, conditions of the course, or otherwise. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I understand that the entry fee is non-refundable and the numbers are non-transferable. The race director reserves the right to reject any entry or to issue invitations. I give my permission to UHS and its affiliates to use any photographs, videotapes, or other recordings of me that are made during the course of this event. I certify that I am at least 18 years of age and this is my legal signature.

Agree  Disagree

Signature, and if under 18, Parent's Signature

Date

If sending by mail, early registration must be post-marked by August 28, 2008 to:

The Man Run  
1934 Alcoa Highway, Suite 475-D  
Knoxville, TN 37920

Make checks payable to: UT Medical Center–The Man Run