



5K 4 HOPE

& Parkinson's Fun Walk

October 28, 2023



Mt. Juliet Middle School
3565 N Mt. Juliet Rd
Mt. Juliet, TN 37122

Registration opens at 7:30am

5K Run/Walk begins at 9:00am

Parkinson's Fun Walk begins at 9:00am

To benefit Lieutenant Kenny Hudson, Wilson County Teachers & The Peterson Foundation for Parkinson's

Register online at www.mj4hope.org or return this form by email to office@eventsm3.com or by mail to 1483 N Mt. Juliet Rd #175, Mt. Juliet, TN 37122. Please make checks payable to MJ 4 Hope.

Registration Fees

5K Run/Walk – \$25 if registered by Oct 1st; \$35 if registered between Oct 2nd and Oct 27th; \$40 on day of race
Parkinson's Fun Walk – \$10 if registered by Oct 1st; \$15 if registered between Oct 2nd and Oct 27th; \$20 on day of race; \$10 for children 12 & under

Certified 5K Course with Champion Chip Timing

T- shirts will be available for pre-registered participants and race day registrants based upon availability. Shirt sizes are guaranteed to runners registered before October 23rd.

Awards will be given in the 5K to top 3 finishers (male/female) in the Overall, Masters 1st Male and Female and the top 3 finishers in each age division beginning with 9 & under thru 80+.

Register or Sponsor a Runner/Walker/Team by completing this form.

First Name: _____ Last Name: _____ Birth Date: _____ Age on race day: _____

Sex: Male _____ Female _____ Please select one of the following: 5k Run/Walk: _____ Parkinson's Fun Walk: _____ Kids Fun Walk: _____

Shirt Size: (Adult) S _____ M _____ L _____ XL _____ XXL _____ (Child) S _____ M _____ L _____ XL _____ Team Name: _____

Teacher you are Sponsoring: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____ Email Address: _____

Credit Card Number: _____ 3 digit code: _____ Exp. date: _____

Name on Card: _____ Address for CC: _____

Waiver: I know that running is a potentially hazardous activity. I should not enter and run the race unless I am medically able and properly trained. I agree to abide by any decisions of race officials relative to my ability to conclude the race. I assume all risk associated with running, including, but not limited to, falls, contact with other participants, and the effects of the running surface, all such risks being known and appreciated by me. I, by entry into this event, release for myself and anyone acting on my behalf, the MJ 4 Hope, Peterson Foundation for Parkinson's, all sponsors, organizations and any other person involved in the event, volunteer or otherwise, their directors, officers, employees, agents, and/or representatives from all claims or liabilities of any kind or nature whatsoever arising out of my voluntary participation in this event.

If I decide to use a Champion Chip for official time and I lose it or fail to return it, I agree to pay a \$30.00 replacement fee.

Signature: (Parent or guardian if minor) _____ Date: _____