



Friends of Debra Earnest
present the

Wellness Walk
benefiting Lung Cancer Research at



Saturday, April 27, 2013

LOCATION: Loretto City Park
START TIME: 11:00 A.M.

EVENT DETAILS:

- 1-Mile (2 laps around the Park) with live music
- Following the walk there will be a picnic in the park, provided by Subway
- T-Shirts guaranteed for the 1st 200 pre-registrants by April 13th
- Face painting for all the kids!
- Event day check-in will take place at the Civic Center

ENTRY FEE: \$20.00 Per Individual (*children under 5: FREE*)

PRE-REGISTRATION: Make checks payable to: TGen Foundation
Mail to: Wellness Walk, P.O. Box 412, Loretto, TN 38469
Drop-off Locations: F&M Bank, Loretto City Hall, Mustang Café, and Subway

REGISTRATION: Race Day Registration is from 10:00 A.M. – 11:00 A.M. on 4/27/13

FOR WALK INFORMATION, CONTACT: Beau Whitsett #931-242-2509; beauwhitsett@yahoo.com OR
Jonathan Smith #931-279-0205; smithjf@uah.edu

BENEFICIARY:

All proceeds will go towards lung cancer research at the Translational Genomics Research Institute (TGen). TGen is a non-profit organization dedicated to conducting groundbreaking research with life changing results. Research at TGen is focused on helping patients with lung cancer and many other diseases including neurological disorders and diabetes. Gifts to the TGen Foundation are tax deductible to the extent allowed by law. TGen's federal tax ID number is 33-1092191. For more information visit: www.helptgen.org

NAME: _____ AGE (*on event day*): _____ DATE OF BIRTH: _____

PHONE: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GENDER: Male Female T-SHIRT SIZE: [YOUTH: Small, Medium, Large]
[ADULT: Small, Medium, Large, XLarge]

WAIVER:

In consideration of my participation in the 2013 Wellness Walk, I, on behalf of myself and my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages that I may have against The Translational Genomics Research Institute, TGen Foundation, City of Loretto and any affiliates, officers, employees and agents of any of them or anyone associated with the Event, and their representatives, successors and assigns, for any and all injuries suffered by me in connection with the Event. I represent and warrant that I am physically able to safely participate in the Event and I hereby fully assume all risks inherently associated with participation in the Event. I will additionally permit the free use of my name and pictures (including photographs) in broadcasts, telecasts, newspapers, etc. relating to the Event.

Signature of Parent or Guardian (if under 18) _____ Date: _____