



HEALTHSTAR Jackie Long Memorial 5K

DATE TIME AND PLACE: 8:00 a.m., Saturday, June 9, 2007. Registration, race start, and post-race activities at the Rose Center in Morristown, TN.

DIRECTIONS: from Hwy 160 outside of Morristown, turn right and go to 1st St. exit (S. Cumberland St.), turn right; At 6th traffic light (you will be facing City Hall) turn left on 1st North St., also called Andrew Johnson Hwy. Go to 2nd traffic light (you'll see the Courthouse), turn right and look for parking spot. You are one block from Rose Center. **Directions also at www.ebstn.com.**

COURSE DESCRIPTION: 5K course begins next to Rose Center, runs through historic area of Old Morristown, short out and back on 11E, and finishes next to Rose Center. Fast and flat course, Certified TN 02036RH.

EXPECTED PARTICIPATION: 175 runners. **COURSE RECORDS:** Male: Sammy Nyamongo, 14:37 (2005); Female: Jasmin Keller, 17:33 (2005).

REGISTRATION & FEES: Pre-registration closes (must be postmarked by) Friday, June 1, 2007. Fee: \$15.00 (\$3.00 discount for KTC members); No t-shirt option: subtract \$5.00 from entry fee. Late registration from June 2 until 7:30 a.m. on race day, \$20.00.

RUNNING BAGS drawstring backpacks for your wet clothing will be given instead of t-shirts.

TEAM GRAND PRIX SERIES COMPETITION Team Divisions: Open, Corporate, Women's (top four team members score in open and corporate divisions, top three members score in women's division). **Cash awards to the top Open team:** \$200, \$100, \$50. Teams must pre-register. Membership in KTC not required. No additional costs other than entry fees. Team recognition during awards ceremony.

AWARDS: Ceremony following race. **Cash awards** to the top 3 overall male/female \$100, \$50, \$25; \$25 first place Masters (40+) male/female; Plaques to the top Grandmasters (50+) and top Veterans (60+), male and female. Other awards three deep in the following divisions: Clydesdale/Athena (200 lbs+, male; 150 lbs+, female); Male & Female: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+.

Results on KTC web page, www.ktc.org.

CELEBRATION & REFRESHMENTS: A multitude of food and drinks following the race.

RESTRICTIONS: Due to insurance regulations, NO roller blades, baby strollers, bicycles, or animals allowed on the course. Use of earphones and headsets strongly discouraged. We reserve the right to disqualify anyone exhibiting unsportsmanlike conduct or rudeness to race volunteers.

INFORMATION: John Smyth, 423-581-7594, 344 Hayter Dr., Morristown, TN, 37813 jfs328@aol.com

RACE ETIQUETTE We reserve the right to disqualify anyone displaying unsportsmanlike conduct. No bicycles, roller blades, animals on race course. Use of earphones/headsets strongly discouraged.

OFFICIAL 2007 Healthstar Jackie Long Memorial 5K ENTRY FORM

Race Number

Address _____

Name

City _____ State _____ Zip _____

Last _____

Phone (____) _____ E-mail address _____

First _____

KTC Volunteer Spirit at Its Finest. **RUN THREE RACES AND WORK ONE.**

Sex Circle One: Male Female

TEAM DIVISION: OPEN _____ CORPORATE _____ WOMEN'S _____

Team Name _____

Age (as of June 9, 2007) _____

Like to volunteer at some future KTC race, please check here _____

Birthdate (month) _____ (day) _____ (yr) _____

In case of emergency, call _____ at _____

telephone.

Clydesdale/Athena Weight Division

200 lbs.+ / male _____ 150 lbs.+ / female _____

Circle T-Shirt Size: S M L XL

No Shirt Option, please check here: _____

KTC Member \$3 Pre-registered discount

3 KTC Volunteer Coupons Accepted

Fill Out Completely and Mail with Entry Fee to:

'Angie Manis/Healthstar Jackie Long Memorial 5K

8419 Carter Mill Rd.

Knoxville, TN 37914

Make checks payable to

Knoxville Track Club

(no refunds)

Athlete's Release--Please Read and Sign: I know that participating as runner/walker in races/walks is a potentially hazardous activity. I should not enter and participate in the Healthstar Physician Lakeway 5K run unless I am medically able and properly trained. I agree to abide by any decision made by an official relative to the run. I assume all risks associated with running in this event, including, but not limited to, falls, contact with other participants, the effects of weather (including high humidity, heat), the condition of the course and traffic, all such risks being known and appreciated by me. Having read this waiver and knowing these risks and facts, and in consideration of your acceptance of my application, I for myself, and anyone entitled to act on my behalf, waive and release the Knoxville Track Club, City of Morristown, Healthstar Physicians, Rose Center, and all sponsors, together with members and employees thereof and their representatives and successors (herein together "Indemnitees"), from all claims or liability of any kind arising out of any action or failure to act on the part of the Indemnitees. I also grant permission to the Indemnitees to use any photograph, pictures, recordings or any other record for any legitimate purpose.

Athlete's Signature (If under 18, Parent's Signature) Date