

Ⓞ **Breakthrough Run for Autism** Turkey Creek Regal Cinema Saturday, April 16, 2011 8:00 AM
www.breakthroughknoxville.com

The mission of Breakthrough is to improve the lives of adults with autism. We are committed to providing a full array of individualized services that offer quality care, a safe environment, family connection and community involvement in a cost effective way.

Ⓞ **Run for the Schools** Knoxville Zoo Saturday, April 30, 2011 8:00 AM
www.runfortheschools.org

The purpose of this race is to benefit the students and teachers of all schools (both public and private) in Knox County. The proceeds from the event will be distributed to the schools based on each individual school's level of participation and to the individual teachers based on their class's level of participation in the event.

Ⓞ **Run for the Deaf** Tennessee School for the Deaf Saturday, May 7, 2011 8:00AM
www.tsdeaf.org/rftd

The Tennessee School for the Deaf is a state-supported residential school for hearing-impaired children 3-22 years old. The school has served the students of Tennessee for over 150 years. All proceeds from the race will support direct services to students at TSD.

Ⓞ **Spring Fling Awards**

In Addition to Individual Race Awards

\$300 1st Male/Female Overall

\$100 1st Male/Female Masters (40+)

\$100 1st Male/Female Grandmasters (50+)

\$100 1st Male/Female Veterans (60+)

All Spring Fling Awards presented on May 7 at the Run for the Deaf

Ⓞ **Combined Early Registration**
\$45.00 / \$30.00 for Students K-12

Ⓞ **T-Shirts**
Quality shirts at all three races.

Ⓞ **Early Packet Pick-up**
Fleet Feet at Turkey Creek on Thursday & Friday prior to each race
Packets will be available at each race site on race day.

Ⓞ **Results**
Results will be posted at totalracesolutions.com and ktc.org.

Ⓞ **Course Etiquette**
Anyone who is abusive to volunteers or displays unsportsmanlike conduct will be disqualified. No roller blades, bicycles or dogs allowed on the course. The use of earphones is strongly discouraged. Persons with strollers will start in the back.

----- Detach along this line.

Spring Fling Entry Form	
This form and the combined \$45.00/\$30.00 entry fee are valid through April 16, 2011. (After the April 16th deadline please enter each race individually.)	
Name: _____	
Address: _____	
_____ Phone: _____	
City: _____	State: _____ Zip: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____	
Email: _____	
Age as of 4/16/11: _____ 4/30/11: _____ 5/7/11: _____	
Team Competition <input type="checkbox"/> Open <input type="checkbox"/> Schools <input type="checkbox"/> Corporate	
Team Name: _____	
Team Captain: _____	
Our Team Will Compete In (check all that apply):	
<input type="checkbox"/> Run for Autism <input type="checkbox"/> Run for the Schools <input type="checkbox"/> Run for the Deaf	
T-Shirt Size (circle one) YS YM S M L XL XXL	
Fee: \$45.00 / \$30.00 for Students K-12 Make checks payable to and mail form to:	
Total Race Solutions P. O. Box 30667 Knoxville, TN 37930-0667	Or register online at: totalracesolutions.com

Athlete's Release - Please Read Carefully	
I know that running and volunteering to work in road races are potentially hazardous activities. I should not enter the Spring Fling races unless I am medically able and properly trained. I understand that the entry fee is non-refundable and race numbers are non-transferable. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and/or volunteering to work in the aforementioned races, including but not limited to falls, contact with other participants, the effects of weather, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing all these 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 Spring Fling Races and their members, all participating sponsors, their representatives, successors, from all claims of liability of any kind arising out of my participation in the aforementioned event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant permission to all the foregoing to use any photography, motion pictures, recording or any other recording of this event for any legitimate purpose.	
_____ Athlete's Signature	_____ Date
_____ Parent or Guardian's Signature (if under 18)	_____ Date
Emergency Contact:	
Name: _____	
Phone: (_____) _____	