HOSPICE of the Highland Rim FOUNDATION INC

A Charitable Organization Assisting Hospice Patients

Registration Entry Form

Hospice 5K Turkey Trot & One-Mile Fun Run with Silent Auction

Saturday, October 17, 2026 • Tim's Ford State Park • Winchester, Tennessee

Check-in: 7:30 AM • Race Starts: 9:00 AM

One registration form is needed for each person who enters the race.

Individual entry fee $35 • Entry for up to five individuals $100

Name: _____

Sponsor: _____

Address: _____

City, State, Zip: _____

Phone Number (Cell and/or Home): _____

E-mail: _____

Participant Information

Emergency Contact Person Name: _____

Emergency Contact Person Phone Number: _____

☐ Male ☐ Female Age on Race Day (Required): _____

Shirt Sizes: Adult Sizes: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL | Youth Sizes: ☐ S ☐ M ☐ L ☐ XL

I am Running in Memory/Honor of: _____

I am Walking in Memory/Honor of: _____

One Mile Fun Run Participant(s) In Memory/Honor of: _____

I am unable to attend; however, I would like to donate the following amount to help hospice patients: $ _____

(931) 563-7439 • info@hhrf.us • hhrf.us

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Registration Waiver & Signature

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Waiver

I know that running or walking in this event is a potentially hazardous activity that could cause injury or death. I attest that I am medically able to participate in this event. I voluntarily choose to participate and accept and assume all risks associated with running or walking the 5K Turkey Trot or One-Mile Fun Run, including but not limited to falls, contact with other participants, the effects of the weather, the condition of the road or trail, and other risks known and appreciated by me. I release and forever discharge the Hospice of the Highland Rim Foundation, Inc., event sponsors, volunteers, Tim's Ford State Park, the Tennessee State Parks, and all related parties from any and all claims, demands, or causes of action arising out of my participation in this event. I agree to abide by all event rules and instructions provided by race officials and volunteers. I grant permission to the Hospice of the Highland Rim Foundation, Inc., and its designees to use my name, photograph, video, or likeness in any media for the purpose of promoting this event and the mission of the Foundation, without compensation. If I am under 18, a parent or guardian must read and sign this waiver on my behalf.

Participant Signature _____ Date _____

Printed Name _____

Parent/Guardian Signature (if under 18) _____ Date _____

Emergency Phone _____

Registration Return Information

- Please return completed registration form with payment.
- Checks payable to HHRF
- Mail or deliver to: *Hospice of the Highland Rim Foundation, 906 Dinah Shore Blvd., Winchester, TN 37398*
- Cash payments must be delivered in person — please do not mail cash.
- Questions? (931) 563-7439 • info@hhrf.us