



**SIGN UP FOR:**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Runner with a Chip by 6/2/17   | <b>PRICE</b><br>\$25.00 |
| <input type="checkbox"/> 4 Person Team before 6/2/17  | \$80.00                 |
| <input type="checkbox"/> Runner with a Chip after 6/2/17  | \$35.00                 |
| <input type="checkbox"/> 4 Person Team after 6/2/17   | \$120.00                |
| <input type="checkbox"/> <i>I can't participate but I want to support the cause with a gift of:</i> <input type="checkbox"/> \$30.00 <input type="checkbox"/> \$40.00 |                         |

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Name: \_\_\_\_\_

T-Shirt Size:  YL  SM  M  L  XL  2XL

EACH TEAM MEMBER must complete individual registration forms and reference the team name.

- I am a cancer survivor       Male     Female

**IN HONOR / MEMORY OF:**

- \_\_\_\_\_
- \$25.00 special race tags  
 \$100.00 engraved brick on the memorial path at CRMC

COMPLETE & MAIL ENTRY FORM TO:  
**Cookeville Regional Charitable Foundation**  
 1 Medical Center Boulevard • Cookeville, TN 38501  
 or fax to 783-2093 or email [foundation@crmchealth.org](mailto:foundation@crmchealth.org)

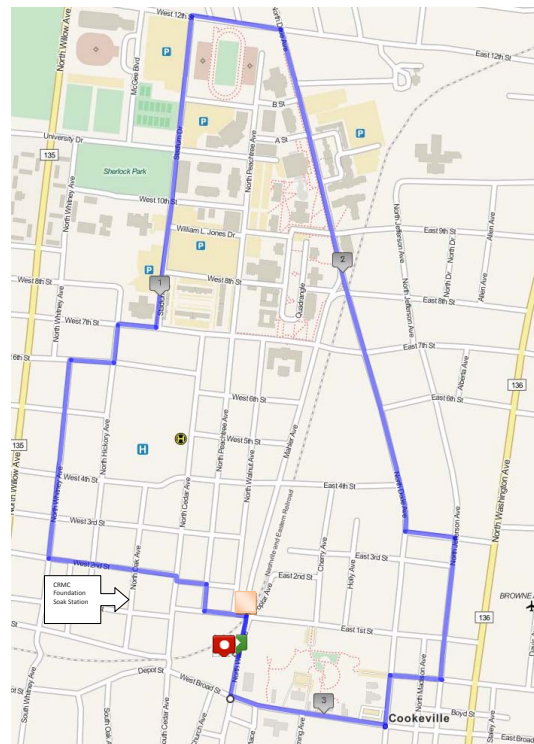
**PLEASE SIGN WAIVER ON BACK**

**5K RUN/WALK MAP**

**BEGIN AT**

1. Start on Walnut and travel North.
2. Turn **L** on 1st
3. Turn **R** on Peachtree
4. Turn **L** on 2nd
5. Cross Cedar and stay on 2nd
6. Turn **R** on Whitney
7. Turn **R** on 6th
8. Turn **L** on Medical Ctr. Blvd.
9. Turn **R** on 7th

10. Turn **L** on Stadium Drive
11. Turn **R** on 12th
12. Turn **R** on Dixie
13. Turn **L** on 4th
14. Turn **R** on Jefferson Avenue
15. Turn **R** on Freeze Street
16. Turn **L** on Dixie
17. Turn **R** on Broad
18. Turn **R** on Walnut and finish  
**FINISH AT**  
Dogwood Park Garden Entrance



For more information please contact  
 Ali Bagci at 931-783-5793



**June 24, 2017**  
**6:00 PM**  
**Dogwood Park Pavilion**

**A Family Fun Event with a Splash!**

**Benefiting the Cancer Fund!**

**PRESENTED BY:**



**STOMPING OUT CANCER...ONE STEP AT A TIME!**



**Sarah Alice Bagci**

### BIOGRAPHY

Nine years ago, Ali Bagci and his sister-in-law Lisa Bagci had a vision and a passion to organize a premier event in the community to give others an opportunity to walk or run in honor of a cancer survivor or in memory of a loved one who passed away from the disease.

On July 20, 2010, Ali and Lisa's mother and mother-in-law, Sarah Alice Bagci, lost her battle with lymphoma but won the final prize of being with her Father in Heaven. During her fight she encouraged her family and friends with her strength and faith and her continued selfless love for others.

Sarah loved this community and taught in the Putnam County school system for almost 30 years. Sarah's service to others and positive impact in our community continues.

Join us this year as we continue the Run/Walk for Life and remember Sarah's cancer fight and encouragement to others.

The Cancer Fund provides assistance to local cancer patients through many different ways including gas vouchers, utility bill payments, house payments, groceries, medicine and medical supplies.

**Saturday, June 24, 2017 • 6:00 PM**  
**Dogwood Park Pavilion**

*Concessions and Live Music from • 5 to 8 pm*

Featuring  
Live Music



**Racers will have the opportunity to cool off along the course at drenching stations or gentle misting stations.**

**Check In/Packet Pickup 5:00 PM**  
**Race Begins at 6:00 PM**

#### AWARD CATEGORIES

- Fastest Male Survivor
- Fastest Female Survivor
- Fastest Overall Male Runner
- Fastest Overall Female Runner
  - Fastest Overall Team
- 1st, 2nd, 3rd Place: Male & Female in the following age categories  
0-12 • 13-18 • 19-29 • 30-39  
40-49 • 50-59 • 60-69 • 70+



Find the registration link by visiting  
[www.CookevilleRegionalCharity.org/5K](http://www.CookevilleRegionalCharity.org/5K)



**WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING.** I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Sara Alice Bagci Memorial Run – (the "Event"), Cookeville Regional Medical Center, Cookeville Regional Charitable Foundation, the City of Cookeville, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds.

If Event cannot be staged or is cancelled for any reason. Cookeville Regional Medical Center reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to Cookeville Regional Medical Center, Cookeville Regional Charitable Foundation, to use any photographs, videotapes, motion pictures, recording or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. IF ATHLETE IS UNDER AGE 18: The signature certifies that my son/daughter has my permission to participate in the Sarah Alice Bagci Memorial Run The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

