



Saturday, November 15, 2025

PACKET PICK-UP BEGINS @ 8 am

Trail Race (2.5 mi.) @ 9:00 am

Fun Walk/Run (.75 mi.) @ 10 am

Tennessee River Line event

*Partnered with Rhea County Community Center and City
of Dayton*

REGISTER: Online or in person at Rhea County Community Center

Check One Race:

☐ Trail Race (2.5 mi.) (9 AM)- \$30

☐ Fun Walk/Run (.75 mi.) (10 AM)- \$15



****12 years old and younger must be accompanied by an adult.****

Name: _____

Sex: M F

Email address: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____

Birthdate: ____/____/____

WAIVER AND RELEASE: I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road. All such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Kilbride Run Wild race, Tennessee Wesleyan University Rhea County Community Center, the city of Dayton, Rhea County, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

SIGNATURE: _____ DATE: _____

(MUST BE SIGNED BY PARENT OR GUARDIAN IF UNDER AGE 18)

FOR MORE INFO CALL: 423-775-0821

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