



## RENFRO ROCK 'N RUN REGISTRATION FORM

(Please Print Clearly)

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

Age on race day (10-19-19): \_\_\_\_\_ Gender:  M  F

Event: **Half-Marathon:** Run  Walk  **5-Mile:** Run  Walk  **5K:** Run  Walk   
**Two-Person Relay:** Male Division  Female Division  Co-Ed

**Shirt:** (Half-Marathon and Relay receive long-sleeve tech shirt. 5K/5M receive short sleeve tech shirt)

UNISEX Shirt Size:  YM  YL  XS  S  M  L  XL  2X

LADIES Shirt Size:  XS  S  M  L  XL  2X

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Want to join our race e-mail contact list?  Yes  No  Already on list

Is this your first time participating in an organized run/walk?  Yes  No

How did you hear about this event?  Newspaper  Friend  Social Media

On-line Race Calendar  Social Media  Other \_\_\_\_\_

### Amount Enclosed (check one):

#### Half-Marathon

By July 8  \$60  
 By Sept. 21  \$65  
 Sept. 22-Oct. 14  \$75  
 Oct. 15-Race Day  \$90

#### Two-Person Relay

By Sept. 21  \$40  
 Sept. 22-Oct. 14  \$45  
 Oct. 15-Race Day  \$50

#### 5-Miler

By Oct. 14  \$25  
 Oct. 15-Race day  \$30

#### 5K

By Oct. 14  \$20  
 Oct. 15-Race day  \$25

### WAIVER

PLEASE READ CAREFULLY: Release and indemnity agreement – Running and/or walking a distance race is a potentially hazardous activity. I should not enter and participate unless I am medically and physically able, and properly trained. In consideration of entering the Half-Marathon, 5-Mile Run/Walk, or 5K Run/Walk, and intending to be legally bound, I do release and waive for myself and for my heirs, executors, and administrators (and for my child as its legal guardian) and claims for damages and liabilities of any kind arising out of my participation in the event against all persons, entities, and agencies involved with promoting and running the event, including Rockcastle Regional Hospital and Respiratory Care Center, Citizens Bank, City of Mt. Vernon, Renfro Valley Entertainment Center, and all sponsors. I hereby release all publication rights of any photographs or video taken at this event to Rockcastle Regional Hospital and Respiratory Care Center for print and Website publication and/or advertising and social media. By signing below, I indicate that I agree to abide by this agreement and acknowledge that I ASSUME ALL RISK ASSOCIATED WITH PARTICIPATING IN THIS EVENT.

Participant(s) Signature (Or parent/guardian signature if under 18) \_\_\_\_\_ Date: \_\_\_\_\_