



In-Person or Virtual Run/Walk • Saturday, May 21

Please complete all fields and print clearly

Name: _____

Runner Walker In-Person Virtual

Age: _____ Birthdate: _____/_____/_____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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

Emergency Contact Name: _____

Emergency Contact Phone: _____

I understand there are NO refunds or deferrals; and transfers to in-person or virtual must be completed by Wednesday, May 18. I understand the in-person race may be required to be changed to a virtual option, due to current COVID-19 conditions in Rockcastle County. If it is changed to virtual, I understand my registration will be transferred to the virtual event; there are NO refunds or deferrals; and my race packet will be mailed to the address I have provided, or I may pick it up at the hospital.

T-shirt Size: YM YL S M L XL 2X (add \$2) 3X (add \$3)

(Shirt sizes are limited due to supply issues. If you're size is unavailable, you will be given the next size up. Youth sizes will be regular t-shirt)

Registration Fee:

Virtual Registration: \$23.00 + Shipping \$7.00 Pick-up \$0.00 = Total Due \$ _____

In-Person Registration: \$23.00

Rockcastle Regional Employee: \$11.50

Make Checks Payable to: Rockcastle Regional Hospital (Fees are non-refundable)

Send form/payment to: Attn. Kayla Prewitt, Rockcastle Regional, P.O. Box 1310, Mt. Vernon, KY 40456

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 St. Patrick's Day Run/Walk event 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, the City of Brodhead, and all Sponsors. I hereby release all publication rights of any photographs or video taken at this event. 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.

Date: _____

Participant(s) Signature (Or parent/guardian signature if under 18)