



## In-Person or Virtual Run/Walk • Friday, August 12

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: \_\_\_\_\_

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

### Registration Fee:

In-Person Registration:  \$15.00

Rockcastle Regional Employee:  \$7.50

**Make Checks Payable to:** Rockcastle Regional Hospital

*(Fees are non-refundable)*

### 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 Glow Go Fun 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 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)