



Put your bells on, hope for snow, and expect some special surprises for the **19th annual Jingle Bell 6K** run/walk! Join us for good exercise and great fun in historic Renfro Valley. Proceeds from

the race benefit long-term care residents of the Respiratory Care Center at Rockcastle Regional in Mt. Vernon. The "Miracle Fund" provides assistance to improve the quality of life of long-term care residents.

Event Details

- Date: Saturday, December 10, 2022
- Place: Renfro Valley Entertainment Center, Mt. Vernon, KY
- 6K Run/Walk to begin at 8:30 am EST
- Race-day registration to begin at 7:50 am
- \$20 pre-registration fee - **deadline Wednesday, Dec. 7**
- \$25 registration fee **Dec. 8** through race day
- Register on-line rockcastleregional.org/race/december/

Course

The 6K Run/Walk highlights historic Renfro Valley. Aid and water station will be located at the turnaround. Officials will direct and supervise the course. The Run/Walk will start and finish at the Renfro Valley Entertainment Center.

Unique Reasons to Participate

- **\$50 cash prize** to overall top male and female finisher
- Free **long sleeve shirt** guaranteed to all pre-registered participants. *(It is recommended that you pre-register to guarantee your shirt. Shirts available on race day in limited sizes and quantities.)*
- **Santa's Surprise Gift Grab** – as always, gift packages will be scattered along the course for participants to scoop up. Gifts may contain cash, gifts or coal!
- Hospitality area with refreshments and snacks

Awards

- Overall male and female race winner and top three male and female finishers in each of the following age groups: 14-under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80+
- Top three male and female walkers (*walkers also eligible for age group awards*)
- **Please note:** to be fair to competitive walkers, if you plan to register as a walker, you must walk the entire race. If you plan on running and walking, please register as a runner.

Questions/Information

For more information contact Chelsea Dillingham (606) 256-7767 or c.dillingham@rhrcc.org.

Registration Form

PLEASE PRINT CLEARLY

Run Walk Virtual

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Would you like to receive information from us about future events? Yes No

Shirt Size (unisex fit): YM YL S M L XL 2X (Add \$2)

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

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 Other _____

Emergency Name / Phone _____

Amount Enclosed (check one):

Pre-Registration (**Deadline: Wednesday, Dec. 7**) \$20.00

Registration Dec. 8 through race day \$25.00

Rockcastle Regional Employee Discounts:

Pre-Registration (**Deadline: Wednesday, Dec. 7**) \$10.00

Registration Dec. 8 through race day \$12.50

Make Checks Payable to: Rockcastle Regional Hospital

Send form and payment to: Attn. Chelsea Dillingham, Rockcastle Regional, P.O. Box 1310, Mt. Vernon, KY 40456 (*Fees are non-refundable*)

Please read this waiver 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 6K 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, Renfro Valley Entertainment 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.

Participant's Signature (Or parent's signature if under 18)

_____ Date _____