

# Glow Go FUN RUN

**August 15-29, 2020**

Join us for the first ever Glow Go virtual race, complete with free glow-in-the-dark race T-shirt and glow necklace! Complete your 1-mile run/walk between August 15 - 29. Email your selfies to us at [k.prewitt@rhrc.org](mailto:k.prewitt@rhrc.org) to post on our Facebook page.

## Event Details

- Participants receive a glow-in-the-dark t-shirt and glow necklace
- \$20 registration fee, must be received by Friday, August 14
- Race 8 of 13 in the 2020 County-Wide Stride run/walk series

## Questions/Information

- Contact Kayla Prewitt at [k.prewitt@rhrc.org](mailto:k.prewitt@rhrc.org) or (606) 256-7767

 Follow County-Wide Stride on Facebook at [facebook.com/countywidestride](https://facebook.com/countywidestride)

Race 8 of 13 in the 2020 County-Wide Stride Series



## Go Glow Fun Run REGISTRATION FORM

(Please Print Clearly)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Shirt:  YM  YL  S  M  L  XL  2X (add \$2)

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

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

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

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

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

### Amount Enclosed (check one)

Pre-Registration (must be received by 12:00 Noon Friday, Aug. 14)  \$20.00

### Rockcastle Regional Employee Discounts:

Pre-Registration (must be received by 12:00 Noon Friday, Aug. 14)  \$10.00

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

**Send form and payment to:** Attn. Kayla Prewitt, Rockcastle Regional,  
P.O. Box 1310, Mt. Vernon, KY 40456 (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 this 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 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's signature if under 18) \_\_\_\_\_ Date: \_\_\_\_\_