



Saturday, May 26, 2012

Brodhead Elementary School • Brodhead, KY

PROCEEDS BENEFIT THE BRODHEAD HOMECOMING COMMITTEE

Event Details

- 2-Mile Run/Walk to begin at 8:30 am
- Race-day registration to begin at 7:45 am
- \$8 early bird registration fee by April 26
- \$10 pre-registration fee by May 24
- \$12 registration fee on raceday
- Free gift to all race participants
- For on-line registration go to rockcastleregional.org/countywidestrider

Awards

- Overall male and female race winner
- Fastest male and female walker (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.)
- Top three male and female finishers in each of the following age groups: 16 & under, 17 - 24, 25 - 34, 35 - 44, 45 - 54, and 55+

Questions/Information

- Contact Arielle Reese at (606) 256-7880 or e-mail a.reese@rhcc.org

Race 5 of 12 in the 2012 County-Wide Stride Series



**Brodhead Hustle
REGISTRATION FORM**

(Please Print Clearly)

Name: _____

Age: _____ Gender: Male Female I plan to: Run Walk

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

First time participating in an organized run/walk? Yes No

How did you hear about this event? Newspaper Friend On-line Race

Calendar Other _____

Amount Enclosed (check one)

- Early-Bird Registration (must be received by April 26) \$8.00
- Pre-Registration (must be received by May 24) \$10.00
- Raceday Registration \$12.00

Make Checks Payable to: Rockcastle Regional Hospital

Send form and payment to: Attn. Susan Brown, 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 the 2-Mile 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 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: _____