11th Annual

BRODHEAD HUSTLE

5K Run/2-Mile Walk

Virtual Run/Walk

Your Countywide Stride race team wants to make sure everyone is safe and keeping social distance during the COVID-19 outbreak, so our April race, the Brodhead Hustle, will be virtual. To participate, register as you normally would, and you'll have from April 18 until April 26 to complete your 5K run or 2-mile walk at time and place of your choosing.

To keep things fun, we're having a Facebook photo contest to go along with the run/walk. Just post your selfie on the County-wide Stride Facebook wall and use hashtag **#BrodheadHustle20**. (Remember, it is not recommended to run with those outside your household.) Share your picture with your friends and encourage them to "like" it. The top three photos with most likes on April 27 at 12 NOON win – $25 for first place, $15 for second, $10 for third.

- $20 pre-registration fee ***(Deadline Friday, April 24)***
- Free t-shirt (50/50 blend) will be mailed to participants.
- To register on-line go to **rockcastleregional.org/race/may**

Questions/Information

- Contact Kayla Prewitt at (606) 256-7767 or e-mail k.prewitt@rhrcc.org

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Race 5 of 13 in the 2020 County-Wide Stride Series

ROCKCASTLE REGIONAL HOSPITAL ⁝⁝ RESPIRATORY CARE CENTER

www.rockcastleregional.org

COUNTY-WIDE Stride Run/Walk Series

Brodhead Hustle 5K Run/2-Mile Walk
REGISTRATION FORM

(Please Print Clearly)

5K Run: ☐ 2M Walk: ☐

Name: _____ Age: _____ Gender: ☐M ☐F

Shirt: ☐YM ☐YL ☐S ☐M ☐L ☐XL ☐2X

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency Contact: _____

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 ☐Social Media ☐Strides Magazine ☐Other_____

Amount Enclosed (check one)
Pre-Registration *(must be received by Friday, April 24)* ☐ $20.00

Rockcastle Regional Employee Discounts:
Pre-Registration *(must be received by Friday, April 24)* ☐ $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.

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