

## Virtual Event July 11-25, 2020

ountywide Stride race 7 of 13, the Rockcastle 5K Run/Walk for → Alzheimer's, will be a virtual race due to COVID-19. Register by Friday, July 10, to receive a dri-fit race T-shirt. Complete your run or walk anywhere, anytime between July 11 – 25. Proceeds benefit the Alzheimer's Association.

- \$15 pre-registration fee due by Friday, July 10
- · Participants will receive a short-sleeve dri-fit shirt
- Email your selfies to us at t.despain@rhrcc.org and we will post on FB

In addition, you may honor or remember your loved ones with a personalized Forget-Me-Not poster to be displayed at Rockcastle Regional Hospital during the Rockcastle 5K Run/Walk for Alzheimer's virtual race dates. To purchase your Forget-Me-Not contact Jana Bray, ext. 7880 or j.bray@rhrcc.org.

Proceeds benefit the Alzheimer's Association whose mission is to eliminate Alzheimer's disease through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health.

## **Questions/Information**

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



Follow County-Wide Stride on Facebook at facebook.com/countywidestride

Race 7 of 13 in the 2020 County-Wide Stride Series





## The Rockcastle 5K for Alzheimer's REGISTRATION FORM

(Please Print Clearly)

Run:		1		
Shirt: UNISEX: □YM □YL □XS □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)  Registration (must be received by 12:00 Noon Eriday, July 10) □ \$20.00  Rockcastle Regional Employee Discounts:  Registration (must be received by 12:00 Noon Eriday, July 10) □ \$10.00  Make Checks Payable to: Rockcastle Regional Hospital Send form and payment to: Attn. Kayla Prewitt, Rockcastle Regional,	Run: □ Walk: □			
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City:				
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	Send form and payment to	<b>o:</b> Attn. Kayla Prewitt, R	Rockcastle	

## **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 und	der 18)	