

October 3-17, 2020

VIRTUAL EVENT

Proceeds benefit the Rockcastle County Kiwanis Club

Your Countywide Stride race team wants to make sure everyone is safe and keeping social distance during the COVID-19 outbreak, so the Kiwanis Run for Kids will be virtual. To participate, register as you normally would, and you'll have from October 3 until October 17 to complete your 5K run or 2-mile walk at time and place of your choosing. Proceeds benefit Kiwanis, whose mission is improving the world one child and one community at a time.

Post your selfie on the County-wide Stride Facebook wall and use hashtag **#KiwanisRunForKids20**. (Remember, it is not recommended to run with those outside your household.)

- \$20 pre-registration fee (Deadline Friday, October 2)
- Free short-sleeve t-shirt will be mailed to participants.
- Register on-line at https://runsignup.com/kiwanisrunforkids

Questions/Information

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

Race 11 of 13 in the 2020 County-Wide Stride Series





KIWANIS RUN FOR KIDS • REGISTRATION FORM

(Please Print Clearly)

Run: □ Walk: □		
Name:	Age:	_ Gender: □M □F
Shirt: DYM DYL DS DM DL DXL D2	X (add \$2) □3X (ad	d \$3)
Address:		
City: State: _	Zip:	
Phone: Emergency	Contact:	
E-mail:		
First time participating in an organized run/w	/alk? □Yes □No	
How did you hear about this event? ☐ News Calendar ☐Social Media ☐Strides Magazi		
Amount Enclosed (check one) Registration (must be received by 12:00 Noon, Friday Oct Rockcastle Regional Employee Discounts Registration (must be received by 12:00 Noon, Friday Oct Make Checks Payable to: Rockcastle Registed form and payment to: Attn. Kayla Pro	s: <u>₹:2)</u> □ \$10. onal Hospital	00
P.O. Box 1310, Mt. Vernon, KY 40456 (Feb.	es are non-refund	able)

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 Kiwanis, 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)	