



RENFRO ROCK 'N RUN REGISTRATION FORM

(Please Print Clearly)

Name: _____

Age on race day (11-20-2021): _____ Gender: M F

Event: **Half-Marathon:** Virtual Run Walk **5K:** Virtual Run Walk

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency Contact: _____

E-mail: _____

Want to join our race e-mail contact list? Yes No Already on list

Is this your first time participating in an organized run/walk? Yes No

How did you hear about this event? Newspaper Friend Social Media

On-line Race Calendar Social Media Other _____

Amount Enclosed (check one):

Half-Marathon

Virtual \$60
By Nov. 1 \$60
Nov. 1-19 \$65

5K

Virtual \$30
By Oct. 31 \$25
Nov. 1-19 \$30

Make checks payable to: Renfro Rock 'N Run

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 the Half-Marathon or 5K 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, City of Mt. Vernon, Renfro Valley Entertainment 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/guardian signature if under 18) _____ Date: _____