



# RENFRO ROCK 'N RUN REGISTRATION FORM

(Please Print Clearly)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

**EVENT:** \*If you think you might run, please sign up as a runner, to be fair to competitive walkers.\*

**Half-Marathon:** Run  Walk  Virtual

**5K:** Run  Walk  Virtual

**UNISEX Tech T-Shirt Size:**  YM  YL  XS  S  M  L  XL  2X  
(Half-Marathon and Relay participants receive long-sleeve tech shirt. 5K receive short sleeve tech shirt)

**CONTACT INFO:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

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  On-line Race Calendar

Social Media  Other \_\_\_\_\_

**Payment Enclosed (check one):**

|                             |                                  |   |
|-----------------------------|----------------------------------|---|
| <b><u>Half-Marathon</u></b> |                                  | <b><i>Rockcastle Regional<br/>Employee Discount</i></b> |
| By Oct. 31                  | <input type="checkbox"/> \$65.00 | <input type="checkbox"/> \$32.50                        |
| After Nov. 1                | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$37.50                        |

|                       |   |                                  |
|-----------------------|---|----------------------------------|
| <b><u>Virtual</u></b> |   |                                  |
| By Oct. 31            | <input type="checkbox"/> \$70.00 (includes S&H) | <input type="checkbox"/> \$32.50 |

|                           |                                  |                                  |
|---------------------------|----------------------------------|----------------------------------|
| <b><u>5K Run/Walk</u></b> |                                  |                                  |
| By Oct. 31                | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$12.50 |
| After Nov. 1              | <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$15.00 |

|                       |   |                                  |
|-----------------------|---|----------------------------------|
| <b><u>Virtual</u></b> |   |                                  |
| By Oct. 31            | <input type="checkbox"/> \$30.00 (includes S&H) | <input type="checkbox"/> \$12.50 |

**Send form & payment to:**  
  
Attn. Chelsea Dillingham  
Rockcastle Regional  
PO Box 1310  
Mt. Vernon, KY 40456

**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, Christian Appalachian Project, 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: \_\_\_\_\_