



## Renfro Rock 'N Run Virtual Race Registration

**Please complete all fields and print clearly**

Name: \_\_\_\_\_

Runner  Walker  Age: \_\_\_\_\_ Gender: M F

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

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

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

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

### **PREFERRED DRI-FIT SHIRT SIZE:**

(Half-Marathon: Long-sleeve; 5K: Short-sleeve)

UNISEX Fit: YM YL XS S M L XL 2X

LADIES Fit V-Neck: XS S M L XL 2X

### **AMOUNT DUE (CHECK ONE):**

***Make Checks Payable to: Renfro Rock N Run***

Half-Marathon .....\$35

5K.....\$20

### **Rockcastle Regional Employee Discount:**

Half-Marathon .....\$17.50

5K.....\$10

### **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 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/guardian signature if under 18)