St. Patrick's Day
5K Run/2M Walk

Sat. March 16, 2024 @ 8:30 a.m.

Benefits the Super Start Fund

Please complete all fields and print clearly

Name: _____ Age on Race Day: _____

Gender: ☐M ☐F 5KRun☐ 2M Walk☐ **If you run and walk during a race, choose runner.*

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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

Emergency Contact Name & Phone: _____

Unisex 50/50 T-shirt: ☐YM ☐YL ☐S ☐M ☐L ☐XL ☐2X (add $2) ☐3X (add $3)
(Shirt sizes are limited due to supply issues. If you're size is unavailable, you will be given the next size up.)

Registration Fee:
- ☐ $20 by March 6
- ☐ $25 March 7 - Race day

Rockcastle Regional Employee:
- ☐ $10.00 by March 6
- ☐ $12.50 March 7 - Race day

Make Checks Payable to: Rockcastle Regional Hospital
Send form and payment to: Attn. Chelsea Dillingham, Rockcastle Regional,
P.O. Box 1310, Mt. Vernon, KY 40456 *(Fees are non-refundable)*

WAIVER

PLEASE READ CAREFULLY: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against Rockcastle Regional Hospital and Respiratory Care Center Inc., RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

_____ Date: _____
Participant(s) Signature (Or parent/guardian signature if under 18)