



4th annual

Livingston LEAP

Saturday, August 31, 2013

Livingston Visitor Center • Downtown Livingston, KY

Proceeds benefit the Livingston Homecoming Committee

Event Details

- 5K Run/Walk to begin at 8:00 am
- Race-day registration from 7:00 am
- \$10 pre-registration fee, *must be received by Wednesday, August 28*
- \$12 registration fee on race day
- Free gift to all race participants
- To register on-line go to rockcastleregional.org/countywidestride

Awards

- Overall male and female race winner
- Top three male and female runners in each of the following age groups: 12-Under, 13-17, 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70+
- Fastest male and female walker (Please note: to be fair to competitive walkers, if you plan to register as a walker, you must walk the entire race. If you plan on running and walking, please register as a runner.)

Questions/Information

- Contact Susan Turley at (606) 256-7746 or e-mail s.turley@rhrc.org

NOTE: In case of inclement weather, cancellation notices will be posted on the Rockcastle Regional Facebook page or you may call (606) 256-7880 to hear a recorded message. Registration fees are non-refundable.

Race 9 of 12 in the 2013 County-Wide Stride Series



www.rockcastleregional.org



Livingston Leap REGISTRATION FORM

(Please Print Clearly)

Name: _____

Age: _____ Gender: M F I plan to: Run Walk

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Emergency Contact: _____

E-mail: _____

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

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

How did you hear about this event? Newspaper Friend Strides Magazine
 On-line Race Calendar Other _____

Amount Enclosed (check one)

Pre-Registration (*must be received by Wednesday, August 28*) \$10.00

Race day Registration \$12.00

Make Checks Payable to: Rockcastle Regional Hospital

Send form and payment to: Attn. Susan Turley, 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 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's signature if under 18)