

# 9<sup>th</sup> Annual 5K Run/Walk for Life

Saturday, October 6, 2018

Pioneer Park—3951 Madison Pike, Covington, KY

8:00am - Race Day Registration

9:00am - 5K Run/Walk



## **Registration**

Register by mail or online at [www.runningtime.net](http://www.runningtime.net)

Individuals \$25

Children 12 & under \$10

Dry-fit short sleeve T-shirt \$10 (AS, AM, AL, AXL, AXXL)

***Earn sponsors to raise more money for Care Net. Top fundraisers eligible for extra prizes!!!***

*(all fees waived with \$100 in pledges)*

Awards for top runners!

For more information, contact [kellyhitter@carenetky.org](mailto:kellyhitter@carenetky.org)

## PARTICIPANT REGISTRATION

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

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

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I will be participating as: \_\_\_\_\_ Runner \_\_\_\_\_ Walker

Gender: Male/Female      Age on Race Day: \_\_\_\_\_

T-Shirt \$10 \_\_\_\_\_ sizes: AS, AM, AL, AXL, AXXL

WAIVER: Please read and sign waiver below: In consideration of the acceptance of my entry, I do release, discharge, and hold harmless Care Net Pregnancy Services of Northern Kentucky, their representatives, officials, volunteers, members, and sponsors, from any and all claims, damages, demands, or causes of action whatsoever in any manner directly or indirectly arising out of or related to my participation in said athletic event; I am physically fit and have sufficiently trained to participate in this event. By signing below I give permission without compensation to Care Net Pregnancy Services of Northern Kentucky to use my likeness in photographs for purposes of promoting our organization and its events. I agree to abide by all the rules of participation.

\_\_\_\_\_  
(Signature of Participant or Parent/Guardian, if under 18)

\_\_\_\_\_  
Date

Care Net Pregnancy Services of Northern Kentucky,  
P. O. Box 17688, Covington, KY 41017, (859) 431-9178  
<http://www.choselifenky.org>