



## Registration

### Franklin County Humane Society's First Annual Trails for Tails 5k Run/Walk

5:00 p.m. Saturday, September 16, 2017

Capital View Park

Corner of Hwy 676 & Old Glenss Creek Rd Frankfort, KY 40601

To register online visit <https://runsignup.com/Race/KY/Frankfort/FCHSTrailsforTails>.

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

Apt/Suite \_\_\_\_\_

Country \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

#### Registration Option:

☐ **Regular Registration** (August 16, 2017 to confirm a t-shirt)

**Nonrefundable** Regular Registration Fee: \$25.00 (add \$1.00 for Extra-large; \$2.00 for 2X; \$3.00 for 3X)

☐ **Late Registration** (t-shirt not guaranteed- September 14, 2017)

**Nonrefundable** Late Registration Fee: \$35.00 (add \$1.00 for Extra-large; \$2.00 for 2X; \$3.00 for 3X)

☐ **Donation** (For donations of \$25.00 or more received by August 16, 2017, you may request a t-shirt)

**Nonrefundable** (add \$1.00 for Extra-large; \$2.00 for 2X; \$3.00 for 3X)

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

T-shirt size ☐ Small ☐ Medium ☐ Large ☐ Extra-large ☐ 2X Large ☐ 3X Large

Please send this completed form, *signed waiver*, and cash, check (\$25.00 fee for each returned check), or money order made payable to "Franklin County Humane Society" to:

Attn: Race Director  
Franklin County Humane Society  
1041 Kentucky Avenue  
Frankfort, KY 40601

*For the safety of your pet, we recommend human participants only.*



### WAIVER AND RELEASE FROM LIABILITY

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 the Event Director, Franklin County Humane Society, 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 participating in a trail 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 I am 18 year of age or older and mentally competent to enter into this waiver and release. I **(the parent or adult guardian)** give this consent for myself and any individual for whom I register.

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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date