

Race Participant Registration Form



Early Registration Fee: \$20, after March 2, 2017 fee increases to \$25.
You can drop off forms at St. Claire Family Medicine in Frenchburg, KY
–or– mail to Tiffany Diehl | 255 Jacks Drive, Wellington, KY 40387.

Join us to celebrate our ARPKD Superhero, Eli, and raise awareness for the PKD Foundation in their efforts to improve treatments and work towards finding a cure for PKD.

This event will be a 5K distance that you can choose to run or walk. It will be held at Menifee County Park on **Saturday, March 11 at 9:00am**. Participants receive a race t-shirt and runner's swag bag. Door prizes available with the opportunity to participate in an event raffle for additional items.

Further inquiries about the race can be directed to Tiffany Diehl via email: tiffany_diehl@hotmail –or– phone: (606) 776-2148. Thank you for your participation!

First Name: _____ Last Name: _____

Birthdate: _____ Gender: ___ Male ___ Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

T-Shirt Size: ___YS ___YM ___YL ___S ___M ___L ___XL ___2XL

Waiver/Release of Liability (MUST SIGN):

I know that running/walking a road race is a potentially hazardous activity and I should not enter unless medically able. I assume all risks associated with this event including but not limited to: falls, injury due to weather, road conditions, or traffic. Having read this waiver and knowing these facts, I release the organizers and sponsors of this race from all claims or liabilities of any kind that may arise from my participation in this event.

Signature (Parent/Guardian if under 18): _____