

## Augusta Run/Walk Along the River 5K Registration Form

## Early registration ends July 22, 2018

WHEN: July 28, 2018. Registration 7:30-8:00am; Race starts at 8:30am

WHERE: Augusta Boat Dock, Corner of Hamilton Ave & East 2<sup>nd</sup> Street, Augusta, KY 41002

ENTRY FEE: \$20 Early Registration. \$25 after July 22. **Must enter by July 22 to receive shirt on race day** ONLINE REGISTRATION: Available through July 25 at runsignup.com/Race/Events/KY/Augusta/RunAlongtheRiver

(additional \$2.50 online registration fee).

RUNNING AGE GROUPS: 13 & Under, 14-21, 22-29, 30-37, 38-45, 46-53, 54-61, 62+

Trophies for overall male and female. Medals to the top 2 males and females in each running group.

WALKERS: One division. *Medals to the top 2 males and females.* 

Event is rain or shine. Augusta Independent reserves the right to cancel/delay/postpone for safety reasons.

Registration Information	tion		2 Waiver	
			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	
Last Name	First Name		against the Event Director, 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	
Address			recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.	
City	State	Zip	I know that running a road race is a potentially hazardous activity 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	
E-mail			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 certif as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion	
Phone			of this event and that a licensed Medical Doctor has verified my physical condition.	
Date Of Birth	_ □ Male	□ Female	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	
Event: □ 5K Run  T-Shirt Size: (circle one):	□ 5K Walk	M L XL XXL	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.	
3 Payment Informati			By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed t the above release and waiver.	
Pay By Check to <i>Augusta Athletics</i> Mail payment and registration to Augusta Independent, C/O Tim Litteral 307 Bracken Street, Augusta, KY 41002			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.	
			Signature Date  **Guardians must sign for those under 18	