Allen's Angels 5K & Angel Fun Run

August 12, 2017 - Elkhorn Park - Garrett, KY

Registration Information			
Early (by 7/26/17)	\$20.00		
Late (7/27-8/11)	\$20.00		
Race Day 8/12	\$25.00		
T-Shirt guaranteed with early			
registration ONLY!			

Race Day Itinerary			
8:00-8:45am	Registration		
9:00am	Angel Fun Run (12 YRs & Under)		
9:15am	5K Race Begins		

Race Start & Finish	
Elkhorn Park	
CR 1267 Garrett, KY 41630	

Online Registration:

https://runsignup.com/Race/KY/Garrett/AllensAngels5KWalkRun **\$2.50 processing fee added to online registrants

To Mail or Drop Off Entry Form:

Sherwin-Williams Lexington District Office 1795 Alysheba Way, Suite 6102 Lexington, KY 40509

Make checks payable to: Allen Harvel For more information: 859-225-9455

Awards:

Trophies awarded to overall male & female finishers in 5K and Overall male & female finishers in Fun Run

First Name:	Last Name:		Phone:	
Date of Birth://	Age as of 8/12/17: M	F		
Address:	·			Entry Fee
City:	State: Zip:		(Circle One)	
Email:			Early: by 7/26	\$20 **Guaranteed T-shirt
Shirt Size (circle one): S M	L XL 2XL 3XL 4XL 5	KL 6XL	Late: by 8/11	\$20
Emergency Contact:			Race Day: 8/12	\$25
			Total: (No Refunds)	\$

Waiver and Release: 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, 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 running a 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

Official Use Only		
Date Received		
Bib #		
Cash CC Check#		

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 (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. 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.

Entrant Signature:	Date	: