

# UK PA Superhero Sprint: 10<sup>th</sup> Annual "For the Health of It" 5K

Come join us on October 7<sup>th</sup> at 9:30 am at Woodford County Park Cross Country course in Versailles, KY for a 5K run/walk where proceeds benefit The New Hope Clinic and UK Physician Assistant class of 2019. Have fun running the race, winning some prizes, eating cupcakes, and supporting a great local cause!

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt Size    S    M    L    XL    XXL    NONE

Name of Team/Affiliation and number of participants (if applicable) \_\_\_\_\_

## Information:

- **No refunds will be issued for any reason**
- Prizes will be awarded to the top 3 overall male/female
- Register Online at **TriStateRacer.com**
- Checks payable to **JHSS Class of 2019**
- Please mail hand written entry forms to: Sam Dedden; 101 Hagerman Ct. Apt. B, Lexington, KY 40508
- Contact for any questions or concerns:
  - Sam Dedden: email: [sjde226@g.uky.edu](mailto:sjde226@g.uky.edu); cell: 859-803-7696
  - Daniel Mullins: email: [dmu246@uky.edu](mailto:dmu246@uky.edu); cell: 859-825-8755

## Waiver (MUST BE SIGNED)

I hereby acknowledge and agree that running in the road and park races is a potentially hazardous activity. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event and should not commit and run unless I am medically able and properly trained. I agree to abide by any declaration of the race official relative to my ability to adequately complete the run and will follow all rules posted by the race officials. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic, and the conditions of the road, all such --- being known and acknowledged by me. Having read this waiver and knowing these limits, and in consideration of the acceptance of my entry, I for myself, and anyone entitled to act on my behalf, waive and release TriState Racers, the University of Kentucky, the Lexington Parks and Recreation Department, race officials, volunteers, and all sponsors, their representatives, and successions from all claims or liabilities of any kind aiming out of my participation in this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Parent or Guardian if under 18 (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_