



SATURDAY, DECEMBER 9TH - 8:00 A.M.

ENTRY FEES: **\$20** FOR PRE-REGISTERED RUNNERS - MUST REGISTER BY DECEMBER 1ST
\$25 FOR RACE DAY REGISTRATION - WILL BEGIN AT 7:00 A.M.

PRIZES WILL BE AWARDED TO:

OVERALL MALE AND FEMALE & TOP THREE MALE AND FEMALE IN EACH AGE DIVISION

SHIRTS WILL BE GUARANTEED FOR ALL PRE-REGISTERED PARTICIPANTS

EXTRA SHIRTS WILL BE AVAILABLE ON A FIRST COME FIRST SERVE BASIS



FOR MORE INFORMATION CONTACT:

270.343.3111 - holly.rice@ky.gov



Name:										
Street Address:										
City, State, Zip:										
Phone:					Email address:					
Age on race day:		DOB:		Male:		Female:				
T-Shirt size:		Small:		Medium:		Large:		X-Large:		
Age Division:	12 - under	13 - 17	18 - 24	25 - 29	30 - 34	35 - 39	40 - 49	50 - 54	55 - 59	60 - over
Special Medical Information:										

TO PRE-REGISTER:

Complete form above and sign corresponding liability waiver on the back.

MAIL PRE-REGISTRATION TO:

ATTN: Holly Rice

Lake Cumberland State Resort Park

5465 State Park Road, Jamestown, Kentucky 42629.

Participants should report at least 30 minutes before race time.



KENTUCKY DEPARTMENT OF PARKS
WAIVER AND RELEASE OF LIABILITY OF CLAIMS

PARK NAME: _____

EVENT: _____

DATE OF EVENT: _____, 20__

I, _____, the undersigned, plan to participate in
_____, (name of activity) at _____
(name of state park) on _____, 20__ (date of activity).

In case of an accident or injury during this activity, I hereby covenant, promise and agree for myself, my personal representatives, heirs, and next of kin that neither the Tourism, Arts and Heritage Cabinet, Kentucky Department of Parks, nor _____ (name of state park), any of its agents, officers or employees shall be held responsible or liable for any negligence, implied or otherwise, for personal injury or damages suffered or sustained by me in connection with, arising out of, or resulting from any and all activities associated with the aforementioned event. I understand the inherent risk associated with the aforementioned event and participate at my own risk.

PARTICIPANT NAME (Please Print) _____

PARTICIPANT SIGNATURE _____ DATE _____

WITNESS NAME (Please Print) _____

WITNESS SIGNATURE _____ DATE _____



KENTUCKY DEPARTMENT OF PARKS
WAIVER AND RELEASE OF LIABILITY OF CLAIMS

PARK NAME: _____

EVENT: _____

DATE OF EVENT: _____, 20__

I, _____, the undersigned parent or guardian of
_____, (name of minor), DOB _____ (date of birth of
minor), do hereby consent for him/her to participate in _____
(name of activity) at _____ (name of state park) on _____,
20__ (date of activity).

In case of an accident or injury to my child, I authorize my child to be treated by a medical professional and/or to be given or provided such emergency medical care as may be required. My medical insurance carrier and ID No. and/or Social Security No. are _____ My child's physician is _____

Dr. _____

I hereby covenant, promise and agree for my minor child, myself, my personal representatives, heirs and next of kin, that neither the Tourism, Arts and Heritage Cabinet, Kentucky Department of Parks, nor _____ (name of state park), any of its agents, officers or employees shall be held responsible or liable for any negligence, implied or otherwise, for personal injury or damages suffered or sustained by my minor child in connection with, arising out of, or resulting from any and all activities associated with the aforementioned event. I understand the inherent risk associated with the aforementioned event and allow my minor child to participate.

PARENT OR GUARDIAN NAME (Please Print) _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

WITNESS NAME (Please Print) _____

WITNESS SIGNATURE _____ DATE _____

