

Run For Your Life 5K Walk/10K Run Registration

Run for Your Life 5K/10K

DATE TIME AND PLACE: Saturday, May 5, 2018 8:30 A.M. Starts and finishes at the Leslie County High School in Hyden, Kentucky.

COURSE DESCRIPTION: The course is very scenic and mainly flat with a few rolling hills. Open to walkers, runners, and people with strollers. Light refreshments will be offered after the race.

REGISTRATION & ENTRY FEE: Pre-Registration Fee: \$12.00 for adults and children (**race day registration fee: \$15.00**). Preregistration ends on April 25, 2018.

T-SHIRTS: All pre-registered runners/walkers will receive a T-Shirt. We will try to have a few T-shirts available race day of various sizes for those not pre-registered. If so, they will be distributed on a first come first serve basis. No guarantee of a T-shirt if you are not pre-registered.

AWARDS: Awards to the Overall Male and Female Winners and the top three persons in each division.

MALE & FEMALE AGE DIVISIONS: 10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

INFORMATION: Contact Mollie Sizemore at sizemoremollie@gmail.com or (606) 672-4884 or Tammy Jones at (606) 526-5051, (606) 598-2194 tamera67@hotmail.com

Make checks payable to: American Cancer Society and in the memo please note that it is for the 5K/10K Walk/Run (No refunds). All proceeds benefit the American Cancer Society-Leslie County Relay for Life.

Name:

Last _____ First _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Cell Phone(____) _____

E-mail _____

Sex Male Female (Circle one).

Age _____

Circle T-Shirt Size: Adult: S M L XL 2XL 3XL 4XL Youth: S M L

5K Walk _____ 10K Run _____ Check one that you plan to participate in.

I know that running and participating in the Run for Your Life 5K/10K Walk/Run is strictly voluntary. I should not enter and participate in this event unless I am medically and properly trained. I understand that I should consult a physician and follow his/her medical advice before participating. I assume all risks associated with participating and/or volunteering to work in the aforementioned race, including but not limited to falls, contact with other participants, the effects of weather and all such risks. Having read this waiver I agree to indemnify the American Cancer Society, Mollie Sizemore, and all other partners from all claims or liability of any kind arising out of my participation in the aforementioned event. I also grant permission to all the foregoing to use any photograph, or any record of the event for legitimate purpose.

Signature (Parent's signature if under 18)

_____ Date _____

Fill out completely and mail with entry fee to:

American Cancer Society

C/O Mollie Sizemore

P.O. Box 691

Hyden, Ky. 41749

*Online registration is available as well. Go to <https://www.eventbrite.com> and search for Run For Your Life