

2022 Veterans VA5K Run/Walk

Sunday, November 6, 2022

Bib # (to be added
by race team)

Make Checks or Money Order payable to: "Friends of the Lexington Fisher House"

Mail check to:
Columbia Gas-Attn. Susan Murray
PO Box 14241
Lexington, KY. 40512-4241

Race Registration Info: (see pricing on website)

First Name * _____ Last Name * _____

Gender (Circle One) * Male Female

Age * _____ Date of Birth * ____/____/____

E-mail Address * _____

Address * _____ City * _____ State * _____ Zip Code _____

Phone * _____

Event (Circle One) * **VA5K/VIRTUAL VA5K**

T Shirt Size (Circle One) S M L XL 2XL +2.00 3XL +2.00

Emergency Contact Name _____

Emergency Contact Number (w/ area code) _____

Are you a Veteran? Yes ____ No ____

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Friends of Lexington Fisher House, the Lexington Veterans Administration Hospital, the Event Directors, RunSignup.com, Columbia Gas, Division of Corrections, and all of their agents assisting with the event, sponsors and their representatives 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 also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

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 my physical condition has been verified by a licensed Medical Doctor. 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 waiver.

This Release is made by the undersigned Participant or Volunteer (hereinafter referred to as "Participant") in or for the Veterans VA5k Run/Walk held on November 6, 2022, (hereinafter referred to as the "Event"). I am voluntarily participating in this event and know that entering a running race is a potentially dangerous activity. I, for myself, voluntarily assume all risks associated with competing in this event including, but not limited to, falls, sprained ankles or broken bones, heat exhaustion, contact with other participants, traffic, and the condition of the road, all such risks being known, understood and appreciated by me. I also voluntarily understand that by participating in this event, death may result. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to on my behalf, waive and release the Lexington Veterans Affairs Medical Center, Columbia Gas, Division of Corrections, Event Directors, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I also expressly understand that I am voluntarily participating in this event which takes place on the campus of a hospital that treats psychiatric patients. I fully understand that some of those patients may be watching the event or walking on campus. I also voluntarily and without compensation authorize verbal, and/or written statements, pictures, and/or voice recordings to be made of me and disclosed by the VA Medical Center and Friends of the Lexington Fisher House, Columbia Gas, & Division of Corrections while participating in this event.

Please sign and date to confirm that you agree to that waiver and are 18 or older, or have the authority to register the registrant listed.

Signature _____ Date _____