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# GASLIGHT FESTIVAL 5K RUN & WALK APPLICATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Age on Race Day: \_\_\_\_\_

Sex: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size:	<u>Youth:</u>	<u>Adult:</u>
	XS	XS
	S	S
	M	M
	L	L
	XL	XL

**Price: \$33**

Payment Method:

Check made payable to The Jeffersontown Chamber \_\_\_\_\_

Cash: \$ \_\_\_\_\_

MC: \_\_\_\_\_

VISA: \_\_\_\_\_

DISCOVER: \_\_\_\_\_

AMEX: \_\_\_\_\_

CC #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RELEASE OF RESPONSIBILITY

I understand that participation in a 5K run/walk is a potentially hazardous activity. I will not enter and participate in this event unless I am medically able and properly trained. I hereby represent that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

I knowingly and freely assume all risk both known and unknown associated in this event and its related activities. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.

In consideration of your accepting my entry, I intend to be legally bound, do hereby for myself, my heirs, my executors and administrators, hereby release, indemnify and hold harmless forever any and all rights and claims for damages or injuries I may accrue against all persons and agencies including but not restricted to, The City of Jeffersontown, Jeffersontown Chamber of Commerce, Kroger, DC Timing and any other city involved with promoting the race as listed by name, their successors, representatives, officers, employees, volunteers, board members and assigns, suffered by me while traveling to and from and while participating in the Gaslight 5K Run/Walk in Jeffersontown, Kentucky.

I grant permission to all of the foregoing to use any photographs, video recordings or any other record of this event for legitimate purposes, including Gaslight literature and future promotions.

**Printed Name of Entrant:** \_\_\_\_\_

**Signature of Entrant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian if Entrant is under 18:** \_\_\_\_\_

**Date:** \_\_\_\_\_