

**TRH Rehab Services  
WALK 'R RUN  
Race Day – Saturday, April 20, 2013**

**RACE APPLICATION  
Printable Entry Form**

**Course:** The run will start and finish at Campbellsville Middle School.  
Aide/Water station will be set at half way point.

**Awards**

- Overall male/female 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>
- Age group awards 1<sup>st</sup> and 2<sup>nd</sup>. No duplication of awards.
- Male and female: 9 & under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80 & older

**5k (3.1 mi.) Road Race** Entry fee is **\$15.00** for those who pre-register by April 1st, **\$20.00** on race day  
Payment and pre-register must be received by April 1<sup>st</sup> to be guaranteed a race shirt.

*What is your t-shirt size? (check one box below)*

Sm.  Med.  Lg.  XL

**Make checks payable to: TRH WALK 'R RUN**

Mail checks and entry forms to:  
Taylor Regional Hospital  
Rehab Services  
1700 Old Lebanon Rd  
Campbellsville KY, 42718

**Name** (please print) (Only one entry form per person)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
MM/DD/YY

**Address**

Street \_\_\_\_\_

City State ZIP \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

**WAIVER (Read before signing)**

I know that participation in this event is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather including high heat and humidity, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Taylor Regional Hospital, the Town of Campbellsville, race officials, volunteers, and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purposes.

Signature of Athlete (Parent's Signature if under 18 years of age)

**X** \_\_\_\_\_

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