



Nelson County Community Clinic's Run for the Health of It 5K Run/Walk Saturday, June 20, 2009 8:00 am (rain or shine)

Registration Form

Distance/Course: The course will open and will start and finish behind City Hall, off West Broadway. The course is mostly flat and will wind through downtown Bardstown. No bicycles will be allowed on the course. The course will officially close after 60 minutes.

Registration: Early registration (before 6/7) --	\$10 _____	Trophies awarded to:
Family of 4 Early registration	\$35 _____	✓Fastest Adult Male ✓Fastest Adult Female
Late registration (after 6/7)	\$15 _____	✓Master Award (age 50-60)
Race Day registration --	\$20 _____	✓Senior Award (age 61-68)
Donation to Clinic (tax deductible) --	\$ _____	✓Grand Puba Award (age 69+)
Total Amount:	\$ _____	✓High School (1 st , 2 nd , 3 rd places)
		✓Middle School (1 st , 2 nd , 3 rd places)
		✓Elementary School (1 st , 2 nd , 3 rd places)
		✓Pre-school (1 st , 2 nd , 3 rd places)

All participants receive 2009 souvenir medal

Please make checks payable to NCCC and mail to:

Run for the Health of It, c/o Luke Barlowe, 109 Coventry Lane, Bardstown, KY 40004.

Race Day: Late registration and packet pick-up will begin at 7:15 am and close at 7:55 am.

For more information, call Suzanne Gude at 502.507.7799 or Luke Barlowe at 502.350.0898.

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(Cut on dotted line and return Registration Form with check)

Run for the Health of It 5K Run/Walk - June 20, 2009

Registration Form

Make checks payable to NCCC. All registration fees are non-refundable.

Name: _____ Phone # _____

Mailing Address: _____

E-mail Address: _____

Run Walk Age: _____ Sex: Female Male
 Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large
 Adult XXL Adult XXXL
 Child Small Child Medium Child Large

(Release of Responsibility: In consideration of your accepting my registration, I intend to be legally bound, do hereby by myself, my heirs, my executors, administrators, and assigns, waive and release forever any and all rights and claims for damages I may receive against all persons, organizations, and agencies, namely the Nelson County Community Clinic, City of Bardstown, and all contributing sponsors and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Run for the Health of It 5K Run/Walk on Saturday, June 20, 2009, in Bardstown, Kentucky. I hereby attest and verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I give my permission to publicize and otherwise use my name, address, age, and likenesses for race results, mailings, and other promotional and/or advertising materials).

Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under 18 years of age)