

4th annual *Hospice of Hope-FHSSA*

5K RUN 2 Mile Walk

June 14, 2014

**Begins promptly at 9 a.m.
(registration begins at 8 a.m.)**

Limestone Landing – Maysville, KY

COURSE

3.1 mile 5K run; 2 mile walk

Begin at Limestone Landing, down McDonald Parkway, down Route 8, and back to Limestone Landing.

AWARDS

- Trophies awarded to top 2 male and female participants overall
- Medals to top 2 male and female participants of each division
- Medals to top 2 male and female walkers

REGISTRATION

All pre-registrants will receive a t-shirt (those who register day of event will receive t-shirts as available). Cost is \$15 if pre-registered and \$20 after May 30. Please mail check and registration form to address below, or drop off at the Hospice of Hope office.

**Hospice of Hope
FHSSA 5K
909 Kenton Station Drive
Maysville, KY 41056**

For more information call
Donna Kasik 606.759-4050

ENTRY FORM

| NAME ADDRESS CITY/ST/ZIP | Circle group that applies to you | | | | | |
|--|----------------------------------|--------|------|--------|--------|------|
| | Age | Female | Male | Age | Female | Male |
| AGE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 10-14 | A | B | 40-44 | M | N |
| DIVISION (check one) <input type="checkbox"/> 5K RUN <input type="checkbox"/> 2 MI WALK | 15-19 | C | D | 45-49 | O | P |
| T-SHIRT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | 20-24 | E | F | 50-54 | Q | R |
| | 25-29 | G | H | 55-59 | S | T |
| | 30-34 | I | J | 60-64 | U | V |
| | 35-39 | K | L | 65-70+ | W | X |

In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release & forever discharge the officials, administrators, & all sponsors & individuals assisting in the presentation of the 5K Run & 2 Mile Walk from all claims of damages, demands, & actions whatsoever in any manner or growing out of my participation in this event. I hereby attest & verify that I have full knowledge of the risks involved in this run/walk, that I assume those risks, that I will assume & pay my own medical expenses & emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses. I attest that I am physically fit & sufficiently trained to participate in this run/walk & that I will run/walk a minimum of 10 miles for the two weeks prior to the event.

Participant's Signature Date

Parent's Signature Date

**All net proceeds benefit
Cicetekelo Hospice in Ndola,
Zambia**

In case of medical emergency, contact: _____
Name and Phone Number