



HOSPICE OF HOPE

FHSSA

Annual 5K Run/ 2 Mile Walk



Date: Oct. 6, 2012

Time: Promptly @ 9:00 a.m. (registration starts at 8:00 a.m.)

Location: Limestone Landing, Maysville, KY

Course: 3.1 miles (5K) run & 2 mile walk begin at Limestone Landing down McDonald PKWY, down Rt. 8 and back to Limestone Landing.

Awards: Trophies to top 2 male and female participants overall, medals to top 2 male and female participants of each division, top 2 male and female walkers.

Registration: All pre-registrants will receive a T-shirt (day of registrants will receive a T-shirt as available). The cost of the race is \$15 if you pre-register and \$20 after September 21. Make checks payable to Hospice of Hope - FHSSA. Please mail check and registration form to: Hospice of Hope, Attn: Shawn Flaughter, 909 Kenton Station Drive Maysville, KY 41056 or drop off at Hospice of Hope office in Maysville, KY. All net proceeds will go to the

Cicetekelo Hospice in Ndola Zambia. **Pre-registration ends on Sept 21st.**

ENTRY FORM

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____AGE_____GENDER: M___F___

SHIRT SIZE (Circle one) Adult: S M L XL XXL

DIVISIONS (check one): 5K Run___2 Mile Walk_____

Circle group that applies to you					
Age	Female	Male	Age	Female	Male
10 to 14	A	B	40 to 44	M	N
15 to 19	C	D	45 to 49	O	P
20 to 24	E	F	50 to 54	Q	R
25 to 29	G	H	55 to 59	S	T
30 to 34	I	J	60 to 64	U	V
35 to 39	K	L	65 to 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_____

(Parent's signature required for all entrants less than 18 years of age)

In case of medical emergency, contact_____Phone_____

FOR MORE INFORMATION, CALL Donna Kasik @ 606-759-4050