

# RUN TO THE FAIR 5K

## REGISTRATION FORM



**SATURDAY, JUNE 3, 2017**  
Registration at 7 am | 5K Begins at 8 am

**MUHLENBERG COUNTY FAIRGROUNDS**  
Located at the Ag & Convention Center

**ENTRY FEE: \$10**  
Awards at race conclusion

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Circle Shirt Size: **ADULT:** S M L XL XXL XXXL | **YOUTH:** S M L

Return completed registration form and payment to: Mackenzie Pogue, 4-H Youth Development Agent

**\*Make checks payable to Muhlenberg County Fair Board.\***

Muhlenberg County Extension Service  
3690 State Route 1380  
Central City, KY 42330-5512

In consideration of being permitted to compete, officiate, observe, work for, or participate in any manner in the activity of the "Run to the Fair 5K" on the 3<sup>rd</sup> day of June, 2017, the undersigned hereby agrees and understands that he/she is engaging in recreational activities that pose conceivable person injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (participant and parent/guardian) assume all risks related to said event. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child while participating or observing activities. I further agree to release and hold harmless any property owners and the MUHLENBERG COUNTY FAIR BOARD including its officers, board of directors or representatives from any cause of action, claims or demands now and in the future. I will not hold MUHLENBERG COUNTY FAIR BOARD liable for any personal injury to myself or my child, or any personal property damage, which may occur during a MUHLENBERG COUNTY FAIR BOARD function whether caused by the fault of myself, my family, MUHLENBERG COUNTY FAIR BOARD or other third parties. Furthermore, I agree to obey any instructions given by MUHLENBERG COUNTY FAIR BOARD or its representatives and take full responsibility for my behavior and the behavior of my child, in addition to any damage I, or my child, may cause. Further, I acknowledge that these activities may include physical exercise and that my health and ability to participate in such activities is in my own discretion and I am ultimately responsible for my own health condition. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS. *No Medical Insurance Provided At This Event.*

Participant: \_\_\_\_\_ Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian signature required for age 17 and under.)

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

In case of emergency contact:

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

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