

THE RACE FOR EVERYONE  
EVERYONE IS CONNECTED BY CANCER

# 10K CLASSIC ENTRY FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: --

DOB: //  
month day year

Age:   
(As of 10/13/18)

Email: \_\_\_\_\_

Gender:  Male  Female

Warren County Resident (circle one):  Yes  No

\* For special First Place Male & Female 10K Finishers (Warren County, KY)

**EVENT** (Check one)  10K Run  5K Run/Walk  3K Fun Walk  10K Wheelchair Race

**T-SHIRT SIZE** (Check one)  Small  Medium  Large  XLarge  XXLLarge

## ENTRY FEES Sales Tax Included

7/1-8/31	9/1-10/10	10/11-10/13	Under Age 18
<input type="radio"/> \$37.10 Age 18+	<input type="radio"/> \$47.70 Age 18+	<input type="radio"/> \$58.30 Age 18+	<input type="radio"/> \$26.50

## ARE YOU A BREAST CANCER SURVIVOR?

Yes  No

American Cancer Society  
will have a race day activity  
for breast cancer survivors.

Subtotal \$ \_\_\_\_\_

### Additional Pasta Party Tickets

\$5 Adult (13+)/Qty: \_\_\_\_\_

\$3 Child (6-12)/Qty: \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

## METHOD OF PAYMENT

Cash  Check  Credit Card

Credit Card Number (circle one): MasterCard Visa Discover

Credit Card Security Code:    Exp Date: /  
month / year

Name on Card: \_\_\_\_\_

I hereby waive all claims for myself, my heirs and executors against Med Center Health 10K Classic, its sponsors, agents and employees for any claims and liabilities which may result from my participation. I assume all risks associated with participating in Med Center Health 10K Classic including, but not limited to, falls, contact with other participants, the effects of the weather and conditions of the road, all such risks being known and appreciated to me. I further state that I am physically able to complete my registered event. I understand that the race course closes at 9:30 a.m. and if I have not completed my event at that time, I must move to the sidewalk. I also grant full permission to use any photographs, video recording or any other record of this event. I also understand that Med Center Health 10K Classic will take place rain or shine and my entry fee is not refundable.

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature (If Under 18): \_\_\_\_\_

Make checks payable and mail to: Med Center Health 10K Classic / P.O. Box 1175 Bowling Green, KY 42102