

10K CLASSIC

ENTRY FORM INDIVIDUAL

PLEASE PRINT

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone: - -

DOB: / /
month day year

Age:
(As of 10/15/16)

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 1.5 Mile Fun Walk 10K Wheelchair Race

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

ENTRY FEES Individual

| | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------|
| By 7/31 | 8/1-9/16 | 9/17-10/12 | 10/13-10/15 | Under Age 18 |
| <input type="checkbox"/> \$25 all ages | <input type="checkbox"/> \$30 Age 18+ | <input type="checkbox"/> \$40 Age 18+ | <input type="checkbox"/> \$50 Age 18+ | <input type="checkbox"/> \$20 |

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 The Medical Center 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 The Medical Center 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 The Medical Center 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: The Medical Center 10K Classic
P.O. Box 1175 Bowling Green, KY 42102