



EXPERIENCE THE TRADITION



First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone: - -

DOB: / /
month / day / year

Age:
(As of 9/21/19)

Email: _____

Gender: Male Female

Warren County Resident: Yes No

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

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

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

ENTRY FEES Sales Tax Included

6/1-7/31
 \$38 Age 18+

8/1-9/18
 \$48 Age 18+

9/19-9/21
 \$59 Age 18+

Under Age 18
 \$27

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: 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