



PIRATE 5K BOOTY RUN

SATURDAY MAY 20TH, 2017



All Proceeds will benefit Relay for Life of Perry County

DRESS LIKE A PIRATE: BEST COSTUME WINS \$100 Gift Card

Top Male and Top Female will be awarded trophies...

Medals will be awarded to the top 3 finishers in each age group...

Pre-registration forms can be downloaded from www.arh.org and emailed to bbriggs@arh.org. Payment due when pre-registering. Forms may also be picked up and dropped off at the **ARH Cancer Center**, 110 Medical Center Drive Hazard KY.

**\$20 PRE-
REGISTRATION**

**\$25 REGISTRATION
ON RACE DAY**

**REGISTRATION @
8AM @ CITY HALL
PICNIC SHELTER**

**RACE BEGINS @
9AM**

FOR MORE INFO

Please contact Brittney
Briggs

ARH Cancer Center

(606) 439-6823

5K Booty RUN- Dress like a Pirate

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Registration Information		
First Name	Middle Initial	Last Name
Address	City	State, Zip
E-mail	Phone	Gender <input type="radio"/> Male <input type="radio"/> Female DOB: Age Group: <input type="radio"/> 10 & Under <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21-30 <input type="radio"/> 31-40 <input type="radio"/> 41-50 <input type="radio"/> 51-60 <input type="radio"/> 61 and over

Checks can be made payable to **Relay for Life**

Waiver of Responsibility: I understand that participation in this event is strictly voluntary and in consideration of the acceptance of my entry, I for myself, my heirs, executors and administrators, do hereby release and discharge forever the Hazard ARH Cancer Center, and volunteers and all sponsors and their representatives and successors from all claims and/or liabilities of any kind arising out of my participation in said event including but not limited to injury, death, contact with road, contact with motor vehicles, contact with other participants, hazards of weather conditions, and other potential hazards. I certify that I have full knowledge of the risks involved in participation in this event, and I am physically fit and sufficiently trained to participate. I understand that I should consult a physician and follow his/her advice before participating. I also release publishing rights of photographs taken of me during the event for purposes of publicity for this and future events sponsored by Hazard ARH Cancer Center.

Parent/Guardian (required if participant is under 18) _____

Signature: _____ Date: _____