

9th ANNUAL "CHICKEN FESTIVAL RUN/WALK" 5K EVENT

PROCEEDS BENEFIT ST. JUDE CHILDREN'S RESEARCH HOSPITAL

EVENT WILL BE CHIP-TIMED BY ON YOUR MARK RACE TIMING

SATURDAY APRIL 27TH, 2019 AT 8:00AM

REGISTRATION WILL BE FROM 7:00-7:45 AM ON THE COURTHOUSE LAWN

NAME _____ AGE ON RACE DAY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GENDER _____ EMAIL _____ TODAY'S DATE _____

SHIRT SIZE:

YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____ A2XL _____ A3XL _____

ENTRY FEE: \$25 UNTIL APRIL 15 TO GUARANTEE SHIRT AFTER APRIL 15 \$30 NO SHIRT GUARANTEE

PLEASE COMPLETE FORM AND DROP IT BY HICKMAN COUNTY CLERK OFFICE OR MAIL COMPLETED FORM WITH PAYMENT TO ANDREA WILLIFORD C/O CHICKEN FESTIVAL 5K 165 BERRY RD CLINTON, KY 42031. PLEASE MAKE CHECKS PAYABLE TO: ST JUDE CHILDRENS RESEARCH HOSPITAL

WAIVER: I attest I am physically fit and sufficiently trained to participate in this event. I have full knowledge of the risks involved. I further acknowledge that the race course contains uneven surface conditions, potholes, and curbs, which may create risk; I further acknowledge that the race is on public roads and that the vehicular traffic may be encountered, and I accept these risks. Therefore, in consideration of the acceptance of my entry, I for myself, my heirs, my executors and administrators waive any and all rights and claims for the damages I may have against the City of Clinton, KY, race sponsors, and any individuals associated with this event and will hold them harmless for any and all injuries I may suffer in conjunction with this event. I have read and understand this liability release.

I AGREE TO WAIVER INITIALS _____ SIGNATURE _____

SPONSORS: **BROWN FUNERAL HOME**

The logo for Nutrien Ag Solutions, featuring the word "Nutrien" in a bold, black, sans-serif font with a green leaf-like graphic above the letter "N". Below "Nutrien" is the phrase "Ag Solutions" in a smaller, italicized, black, sans-serif font.