



MOONLIGHTING FOR HOSPICE
FULL MOON 5K RUN ~ GREAT CAUSE, BIG FUN!

September 14, 2019
JENNY WILEY STATE PARK

PROCEEDS WILL BENEFIT



**FULL MOON
PONTOON
CRUISE**



**POST RACE
FOOD &
REFRESHMENTS**



**LIVE
MUSIC**



For more
information,
call Charly
606-789-3841

NAME (FIRST & LAST) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

WHERE/HOW DID YOU HEAR ABOUT OUR EVENT? _____

For those that want to support this event and are not inclined to run or walk a 5K, we hope you will enjoy a relaxing pontoon cruise under the full moon.

Please circle your choice. **RUN/WALK** **PONTOON CRUISE**

Shirt size: ___S ___M ___L ___ XL ___ XXL_____

*Premiere Port & Company Sport Performance T –Shirts available **only** for participants registered by **September 1, 2019** Registration for event is accepted up until race day.

Age: _____ **Gender** **F** **M**

CC # _____ **EXP** _____ **CVC** _____

Waiver & Release ~ Please read and sign:

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director (Appalachian Hospice Care), Jenny Wiley State Park and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

X _____
Signature of Participant or parent/guardian if under age 18. Date

<u>Please Enclose:</u>	<u>Please Mail To:</u>
1. Completed & Signed Registration Form	Appalachian Hospice Care
2. \$25 for Each Participant	PO Box 277
3. Payable to Appalachian Hospice Care	Hager Hill, KY 41222