

BRODHEAD FIREFIGHTERS MEMORIAL RUN



5k Run / 2 mile walk

September 26, 2015

Brodhead Firefighters Memorial

5K Run/ 2Mile Walk

Saturday September 26, 2015

Registration begins at 7:00am

Race starts 8:00am

Parking, Registration and Race starts at the Brodhead Fair Grounds

Castle Village Drive, Brodhead KY 40409

First 50 to register receive BAG AND WATER BOTTLE FREE!

- Registration \$20
- Donation only \$ ____



Mail registration form and payment to Brodhead Fire Department at:

PO Box 46 Brodhead KY 40409

Or drop off at Brodhead City Hall

Make all checks to:

Brodhead Fire Department

<u>Registration Information</u>			
LAST NAME	FIRST NAME	MIDDLE INT.	
ADDRESS		CITY / ZIP	STATE
EMAIL		PHONE	BIRTH DATE
AGE GROUP <small>(circle one)</small>	12 & under	13-17	18-25
	25-35	36-45	46-55
	56-65	66+	

Wavier: know that running is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Little Worlds Fair, City of Brodhead and Brodhead Fire Dept, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____
Date: _____

Witness: _____

Parent's Signature if under 18 years: _____
Date: _____

Witness: _____