

Beat the Heat **Color Me Pink** 1-MILE WALK/RUN



DATE: Friday, July 29th, 2016

START TIME: 8:00 p.m.

PLACE: Bill Woods Park in downtown Williamsburg, KY

COURSE DESCRIPTION: A one-mile loop around downtown Williamsburg.

REGISTRATION: \$17.00 before July 15, 2016.

\$20 on or after July 16th, including race day

KIDS 12 & UNDER RUN FREE.

Online Registration at <https://runsignup.com/Race/KY/Williamsburg/BeattheHeatColorMePink1MileWalkRun>

Walkers and runners may sign up the day of the race from 6:00 pm - 7:00 pm at Bill Woods Park in downtown Williamsburg. Race packets will be available for pick during race week at the following times and locations:

- At Christopher Chiropractic from 3:00 p.m. until 8:00 p.m. on Tuesday, July 26;
- At Christopher Chiropractic from 9:00 a.m. until 6:00 p.m. on Wednesday, July 27
- At Christopher Chiropractic from 12:00 p.m. until 8:00 p.m. on Thursday, July 28.
- At Bill Woods park on race day at Bill Woods Park from 6:00 p.m. until 7:45 p.m. on Friday, July 29.

AWARDS: *Anyone registered on or before July 15 will receive a race t-shirt.* All other registrants will receive a race shirt while supplies last. Awards will be given for top overall male and female times. Other awards will be given to the top three male and top three female racers in designated age divisions.

OFFICIAL 2016 BEAT THE HEAT 1 MILE WALK/RUN ENTRY FORM

Mail with entry fee to: Christopher Chiropractic, P.O. Box 757, Williamsburg, KY 40769. Or
Firestone, Attn: Jayma, One Firestone Blvd, Williamsburg, KY. 40769

Make checks payable to Tri-County Cancer Coalition (No Refunds).

T-SHIRT SIZE: Youth Small Youth Med Adult Small Adult Med Adult Large Adult Xlarge Adult 2X Adult 3X

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

GENDER: Male Female **BIRTHDATE:** ____/____/____ **AGE AS OF 07/29/2016** _____

PHONE: (____) _____ - _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, CONTACT _____ **AT** (____) _____ - _____

IN ORDER TO PARTICIPATE YOU MUST SIGN AND DATE THIS RELEASE: Please be aware that this race involves the use of "powdered paint" and water. The products used to make the "color" include CORNSTARCH and NON-TOXIC TEMPERA PAINT. If you have any known allergies to these products, or if you have known respiratory conditions such as asthma, we recommend that you do not participate in the event. For more information and other recommendations call Christopher Chiropractic at 606-549-4811. We recommend the use of **eyewear to protect from any irritants in your eyes.** Masks, or face covers may also be necessary. Strollers are permissible. **Powder may irritate the eyes of small children.**

By participating in this event I assume all liability and risks associated with the COLOR, walk/running and/or volunteering to work in the aforementioned race, including but not limited to falls, contact with other participants, wildlife encounters, the effects of weather, the condition of the road and traffic on the course and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my application, I for myself and for anyone entitled to act on my behalf, waive and release the Beat the Heat Race Committee, Christopher Chiropractic, Eagle Health & Wellness, Inc., The City of Williamsburg, The Whitley County Health Department, the Williamsburg Main Street Program and all members thereof, and all further sponsors, their representatives, successors, from all claims or liability of any kind arising out of my participation in the aforementioned event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. Any litigation arising from this agreement shall take place exclusively in the Whitley County, Kentucky, if the jurisdictional requirements are so met. I also grant permission to all the foregoing to use any photograph motion pictures, recordings, or any other record of this event for any legitimate purpose.

_____/_____/_____

Signature

Date