To Benefit School Health Programs

Road Races and Fun Run

15-K & 5-K Road Races/5K Walk and
Kid's FREE 1/2 Mile Fun Run

16th ANNIVERSARY
HEALTHPARK

Run FOR Your Life.

Move forward.

SATURDAY, SEPT. 27

5K – 7:00 a.m. • 15K – 7:30 a.m.

FREE Kids Run – 9:30 a.m.
Earn a $500 wellness grant for your school!

Post events – Awards, music, door prizes, exercise demonstrations, and free snacks.

For more information – *membership@owensborohealth.org*

SIGN UP AT ACTIVE.COM!

Owensboro Health Healthpark

OMU · Owensboro Health Orthopedics · Owensboro Kentucky · Owensboro Marlins · Legends

REGISTRATION FORM

Owensboro Health Healthpark

YOU CAN ALSO SIGN UP AT ACTIVE.COM

AWARDS
- Awards will follow each individual event

5K WALKERS, 5K RUNNERS AND 15K RUNNERS (all chip timed)
- Medals for overall male and female winners each event
- Medals for 1st, 2nd, 3rd place, male and female each age division/each event
- 9 and under, every 5 years thereafter

KID'S FUN RUN
- Finisher medals for all youth

15-K & 5-K Road Races & Kid's 1/2 mile FREE Fun Run

EARN $500 WELLNESS GRANT FOR YOUR SCHOOLS FITNESS PROGRAMS BY HAVING THE MOST PARTICIPATION!

HEALTHPARK ANNIVERSARY RUN WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT AGREEMENT

I, the undersigned, know that participating in any physical fitness program can be a potentially hazardous activity. I understand that I should not undertake this Healthpark anniversary run' Challenge unless I have consulted a physician about my medical fitness to undertake this run.

I understand that there are certain risks, including but not limited to bodily injury or death, inherent in participating in physical fitness activities, and I assume all risks associated with participating in the Healthpark anniversary run. Examples of such risks include, but are not limited to, equipment conditions leading to injury, falls, being struck by a vehicle, heart attack, stroke, death, exercise-induced asthma, strains and sprains, broken bones, frostbite, hypothermia, overheating, and injuries or illness as a result of contact with other participants.

I understand that participation in the Healthpark anniversary run is completely voluntary and I have the right to decline to participate. I do hereby give my full consent to participate in the Healthpark anniversary run.

I further understand that the Sponsors will not provide any form of medical or other insurance for this run and that any expenses incurred as a result of any illness, injury or death sustained from participating in the Healthpark anniversary run shall not be the responsibility of the Sponsors, their affiliates, subsidiaries, officers, directors, employees, or agents.

In consideration of the opportunity to participate in the Healthpark anniversary run, I, for myself and my heirs, legal representatives, agents, successors, and assigns, release and absolve the Sponsors and their affiliates, subsidiaries, officers, directors, employees, or agents from any and all liability, loss, demands, damages, costs, expenses, claims, actions, or causes of action for bodily injuries, death, or property damage arising out of or resulting from my participation in this challenge, whether arising in tort or contract or other legal theory and at law or in equity, including, but not limited to, claims for negligence, damage(s) to person or property, compensatory or punitive damages, lost wages, equitable relief, attorneys fees and costs.

In further consideration of the opportunity to participate in the Healthpark anniversary run, I, on behalf of myself and my heirs, legal representatives, agents, successors, and assigns, agree to indemnify and hold harmless the Sponsors and their affiliates, subsidiaries, officers, directors, employees, or agents from and against any liability, loss, demand, damage, cost, claim, action, cause of action, judgment or settlement which might be brought or entered against them as a result of my participation in the challenge. This indemnification shall include attorneys' fees incurred in defending against any claim or judgment and incurred in negotiating any settlement.

I expressly agree that this Waiver, Release of Liability, Indemnification and Consent Agreement is intended to be as broad and inclusive as permitted by the law of the Commonwealth of Kentucky, and that if any portion of it is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. This Waiver, Release of Liability, Indemnification and Consent Agreement contains the entire agreement among the parties hereto as to its subject matter. If I am signing on behalf of my child or ward, I agree that all of the above terms apply to the child or ward fully.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND CONSENT AGREEMENT, FULLY UNDERSTANDS IT AND AGREES TO ITS TERMS. This is a legally binding document.

Print name of Participant: _____

Signature of Participant or Participant's parent or guardian: _____

Date Signed: _____

If someone other than participant is signing, please indicate relationship of signer to participant and print name of signer:

_____

REGISTRATION

Register at Healthpark, active.com or on race day through 9:00 a.m.

	Early	After Sept. 19
Kids Fun Run	FREE	FREE
5K	$20	$30
5K WALK	$20	$30
15K	$30	$40

EVENT SHIRTS

Registration includes free t-shirt for Kids Run and dri fit shirt for 5K and 15K participants. Size guaranteed with early registration.

RACE PACKET PICKUP

Friday, September 26, 7:00 a.m. – 7:00 p.m. Healthpark or on race day from 6:00 – 9:15 a.m.

RACE REGISTRATION FORM

Name_____

Parent/guardian _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Emergency Contact name/number_____

Age on Race day_____ Date of birth _____ Gender_____

EVENT (please check one)

Kid's Fun Run ____ 5K ____ 15K _____ 5K Walk _____

School_____

SHIRT SIZE (please circle one)

Youth YS YM YL

Adult S M L XL XXL XXXL

HOW DID YOU HEAR ABOUT THIS EVENT?

Web___ social media____ newspaper____ friend_____ other_____

Are you an Owensboro Health employee? ____ Yes ____ No

Are you an Owensboro Health Healthpark member? ____ Yes ____ No

STAY FOR THE 16TH ANNIVERSARY CELEBRATION!

Post events include music, awards, door prizes, exercise demonstrations, free snacks for all participants.