



Haunted River Stroll

10K, 7K, 5K, 2K

River View Trail- Crossfit-Unbridled-Healthse
770 Wilkinson Blvd Frankfort
Sunday, October 22nd
4:15 PM

Name _____ M__ F__ Age as of October 22 _____
Address _____ Email _____
Phone _____

Participant Waiver-Haunted River Stroll

I know that participating in the Haunted River Stroll 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 an event 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 not 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 ad 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 United Way of Franklin County, the Commonwealth of Kentucky, the City of Frankfort, Crossfit-Unbridled-Healthse, Kentucky Senior Games and all 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 acknowledge that I have suffered an injury or illness during said event and have been offered medical assistance and/or transport to a medical facility for said injury. However, I have declined such medical assistance/transport to a medical facility and have willingly elected to continue in the above event with full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, and that I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein. 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.

Name (signature): _____

The 10K race will also serve as the 2017 Kentucky Senior Games 10K



Age groups 8& Under, 9-13, 14-18, 19-29, 30-39, 40-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-94, 95+

Entry Fee: \$25.00 by October 20, \$30.00 after Oct. 20 and on site
LIVE UNITED T-shirts to the first 100 entrants.

Enter online at: <https://runsignup.com/Race/KY/Frankfort/HauntedRiverStroll>

Mail entry form and fee to: Haunted River Stroll 319 Erin Way Frankfort, KY 40601

Make check payable to the United Way of Franklin County