

4-H YOUTH DEVELOPMENT



6th Annual

4-H Run For The Clover

5K ~ 1 Mile Fun Run ~ 2 Mile Fitness Walk



May 2, 2014

Wayne Co. Extension Office

Registration Begins at 5:00 p.m. ET

5K & 2 Mile Fitness Walk Begins at 7:00 p.m. ET

1 Mile Fun Run/Walk Begins at 7:30 p.m. ET following 5K

Entry Fee \$15.00 • Late Registration \$20.00

Pre-Registration Deadline April 25, 2014

This race is held in conjunction with the Annual 4-H Spring Carnival.

Registration will begin at 5:00 p.m. ET at the Wayne Co. Cooperative Extension Service located at 255 Rolling Hills Blvd. The first 50 participants will receive a t-shirt. 5K awards will be given for the overall first place male & female finisher and first place male & female in each age category.

For more information or to register contact:

Wayne County Extension Service

Toni Humble

255 Rolling Hills Blvd.

Monticello, KY 42633

(606) 348-8453

thumble@uky.edu

Registration information also available at: <http://ces2.ca.uky.edu/wayne/4-HYouthDevelopment>



Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.



4-H Run For The Clover

May 2, 2014

5K ~ 1 Mile Fun Run/Walk ~ 2 Mile Fitness Walk

Registration Entry Form

Please fill out form completely and sign waiver on the back of the page

Please Check: 5K 1 Mile Fun Run/Walk 2 Mile Fitness Walk

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Gender: _____ M _____ F

Age: 10&Under 11-15 16-20 21-25 26-30
 31-35 36-40 41-45 46-50 51-55
 56-60 61-65 66-70 71 and over

T-Shirt: (Youth Sizes) S M L
(Adult Sizes) S M L XL XXL

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**UNIVERSITY OF KENTUCKY
COOPERATIVE EXTENSION SERVICE
ASSUMPTION OF RISK, RELEASE AND WAIVER FORM
Community Run/Walk Event**

Age Division:

Gender: Male ___ Female ___

I am aware that participating in the **Run/Walk** can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of participating in the above event include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, aggravation of underlying diseases which could result in illness such as a heart attack or stroke, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the dangers and risk of participating in the above event may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy living.

Because of the dangers of participation in the above event, I recognize the importance of following rules and regulations established by the University of Kentucky and agree to obey such instructions. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to participate in the Run/Walk. I recognize and acknowledge that the University of Kentucky Cooperative Extension Service does NOT carry special health insurance that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating in the Run/Walk.

I understand the risks involved in this activity and I am voluntarily participating in the **Run/Walk**. By my signature below, I hereby recognize and **assume all risks** associated with playing **Run/Walk, waive any claim** that I might have arising out of this activity, and agree to **release and hold harmless** the University of Kentucky, its employees, agents, representatives, and volunteers harmless from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the event of **Run/Walk**. The terms hereof serve forever as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

The invalidity of any portion of this Agreement shall not affect the remaining portions.

In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this Waiver have been made.

_____ (print name) _____ (date)

_____ (Signature) _____ (Address)

If under 18 years of age, Signature of parent or legal guardian _____

IT IS STRONGLY RECOMMENDED THAT EACH PARTICIPANT IN THIS PROGRAM PURCHASE INSURANCE WHICH COVERS ACCIDENTS, WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.