PCHS CHEER HALLOWEEN SCARES THAT CARE 5K EVENT REGISTRATION FORM

SATURDAY, OCTOBER 28TH
Pulaski County High School
115 East University Dive; Somerset, KY 42503
RAIN OR SHINE
Please complete one form per participant. You can also register online at goodtimesracing.com

Fees: $20 Pre-Registration fee on or before Saturday, October 14th; Race day registration will be $25 (participants will NOT be guaranteed a t-shirt if they register on race day) PLEASE NOTE: *Online credit card transactions are subject to a convenience fee.*

Waiver of Liability: I know and understand that running is a potentially hazardous activity. I should not enter or run/walk this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all of the risks associated with running in this event, including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity or sever cold, the conditions of the road and traffic on the course, 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 anyone entitled to act on my behalf, waiver and release Pulaski County Board of Education, Pulaski County High School, Pulaski County High School Cheerleaders and associated members, City of Somerset and all associated/affiliated departments (including the Pulaski County School District), and all sponsors, their representatives and successors for 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. The undersigned further grants FULL PERMISSION to Pulaski County Cheerleading program, and/or agents authorized by them, to use any photographs, videotapes, motion picture, recording or any other record of this event for any purpose. I understand that all event fees are non-refundable.

Participant Name: _____ **Gender:** □ Female □ Male

Date of Birth (MM/DD/YYYY): ____/____/____ **Age (Race Day):** _____**Team Name:**_____

Address: _____

Email (primary contact): _____

Signature of Runner: _____

Signature of Legal Guardian: _____

Emergency Contact:_____ **Phone:** _____

Circle Shirt Size: YS YM YL Adult Small Adult Medium Adult Large Adult XLarge Adult 2XLarge

Payment Method: □ CASH □ CHECK (please make checks payable to PCHS Cheer)

Thank you for taking the time to support PCHS Cheer and St. Jude Children's Research Hospital. A confirmation of your registration will be provided as soon as we have logged in your information.

Send this form and payment to:

PCHS CHEER 5K • ATTN: AISLYNN FREI • 115 EAST UNIVERSITY DRIVE • SOMERSET, KY 42503
QUESTIONS? CALL AISLYNN 606-305-4330
WEBSITE: GOODTIMESRACING.COM

PLATINUM SPONSORS: