



Annual Ultimate Climb Challenge

5K Run/Walk/Climb

Support your American Cancer Society Relay for Life

June 3rd 2017

Corbin KY

Race begins at 8 am / Registration begins at 7 am

Registration Form:

Name:		Phone:	
Street Address:			
City/State/Zip:			
Male or Female	Age on Race Day:	Birth Date:	
Tshirt Size: (circle one) YS YM YL S M L XL 2X 3X			
Emergency Contact:		Phone:	

Make your checks payable to: **HTB Ultimate Climb Challenge**

Mail checks & completed forms to the following:

Attn: Melody Beecham

Hometown Bank

PO Box 1323

Corbin, KY 40701

Pre-Registration Fee: Adults \$20 / Students \$15 (post marked by May 25, 2017)

Race Day Registration Fee: Adults \$25 / Students \$20

Waiver

I know that running a road race is a potentially hazardous activity. I should not enter and run 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 risks associated with participating in the Hometown Bank / Arena Ultimate Climb Challenge on June 3, 2017 including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and good health.

Having read this release and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf or on behalf of my estate, my heirs, executors, administrators and assigns waive and release Hometown Bank of Corbin Inc. and The Arena in Corbin, and/or City of Corbin, any employee or volunteer of Hometown Bank of Corbin Inc., The Arena in Corbin, and/or City of Corbin, and all sponsors of the race, and other persons assisting with the race, the officers, Board, Board members, agents, servants, employees, promoters, managers, directors, officials, agents, and their successors and assigns of each and every of the above from any and all claims of injury or liabilities of any kind including illness or damages suffered by me, arising out of my participation in or traveling to or from this race event through the liability my arise out of the negligence or carelessness on the part of the persons referred to in this waiver.

I also grant permission for the use of any photographs, motion pictures, recordings, or any other record of my participation in this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to, unsafe weather conditions or governmental ban, my entry fee will not be refunded.

I agree to the above waiver.

Name of Participant

Date

Signature of Parent or Guardian if under age 18 years

