

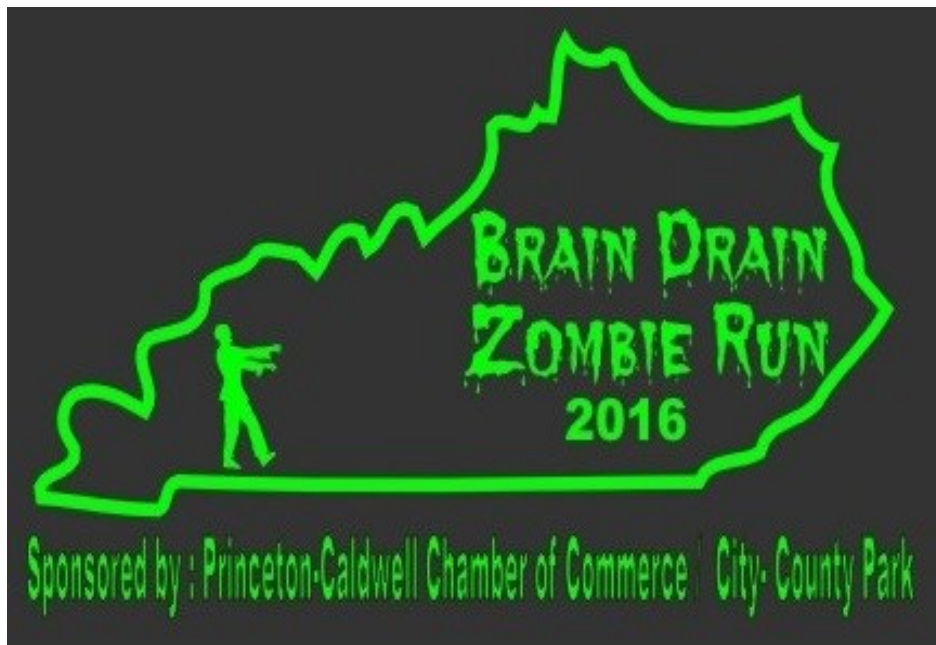
October 29, 2016

Registration: 9:00 am

Run Begins: 9:30 am

City-County Park
220 Baker-Hill Rd
Princeton KY 42445

Cost: \$25 (through Sept 30)
\$30 (after Sept 30)



Complete this form in its entirety and return with payment by September 30, 2016 to the Princeton-Caldwell Chamber of Commerce, 102 Cash Drive, Princeton KY 42445.

Name: _____

Address: _____

Email: _____

Phone Number: _____

Emergency Contact:

Name: _____

Phone Number: _____

Tshirt Size:

Please circle one: (To guarantee a t-shirt, registration form and fee must be received by September 30, 2016.)

Adult: S M L XL XXL

Youth: S M L

I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the Brain Drain Zombie Run. I understand that no insurance coverage is provided by the event coordinators and sponsors. I understand that participating in the Brain Drain Zombie Run is a potentially dangerous activity. 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 this activity. I assume all risks associated with participating in the Brain Drain Zombie Run including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the course, all such risks being known and appreciated by me. Because of the dangers of participation in this activity, I recognize the importance of following rules and regulations established by event coordinators and agree to obey such instructions. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

All fees are nonrefundable. Event will take place rain or shine. In the event of extreme weather conditions or some unforeseen event that may prohibit the event, all fees are nonrefundable.

Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone on my behalf; waive and release all event sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose. I also give permission for the free use of my name and/or pictures in broadcasts, telecasts, newspaper, posters, advertising, social media, etc. for any future event given by one of the organizations and entities associated with the event.

I understand the risks involved in this activity and I am voluntarily participating in the Brain Drain Zombie Run.

Print name: _____ Participant Signature: _____ Date: _____

(Parent/guardian signature require for age 17 and under)