

**Official Entry Form**  
**Taylor Regional Hospital 5K**

Please print application, check all information before mailing, and remember to sign the release form on the bottom. If you have additional persons registering, please print extra copies. We request one application per person. Thank you.

*Please Check Age Division.*

Under 14                  14-17                  18-24                  25-29                  30-34                  35-39                  40-44

45-49                  50-54                  55+

Male                  Female

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Shirt Size (Check One):                  XLG                  LG                  Med                  Sm

Entry Fee: \$10.00 Pre-registration before June 15 or \$15.00 day of race.

Make check payable to: Campbellsville Fourth of July Celebration

Mail to:                  Campbellsville Fourth of July Celebration

TRH 5k Run

P.O. 421 Campbellsville, KY 42719

**RELEASE OF RESPONSIBILITY**

In Consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators, waive and release forever any and all rights and claims for damages I may accrue against all persons and agencies - namely, the Campbellsville Fourth of July Celebration, The city of Campbellsville, Taylor County Fiscal Court and others involved with promoting the race as listing by name, their successors, representatives, and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Taylor Regional Hospital5K.

Signature of Entrant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if entrant is under 18:

For further information, call  
Campbellsville Fourth of July Celebration  
270-403-4000  
Email: [info@campbellsvillefourthofjuly.com](mailto:info@campbellsvillefourthofjuly.com)