



## Livermore Woman's Club's 5th Annual 5K Run/Walk

(Registration Form)

# Supporting the Muscular Dystrophy Association

**Date/Time:** Saturday, April 22<sup>nd</sup>, 2017 at 8 a.m.  
Registration begins at 7:00 a.m.  
5K start time at 8 a.m.

**Location:** Pavilion on Main Street & Dr. Sam Scott Drive on Riverfront  
Livermore, KY 42352

**To Benefit:** Muscular Dystrophy Association

**Entry Fee:** \$20 received by March 24<sup>th</sup>  
\$25 received between March 25<sup>th</sup> and April 22<sup>nd</sup>  
T-shirt guaranteed to all participants registered by March 24<sup>th</sup>, 2017

**Information:** [http://www.cityoflivermore.info/livermore\\_womans\\_club](http://www.cityoflivermore.info/livermore_womans_club)

Email: [jfrow@bellsouth.net](mailto:jfrow@bellsouth.net)  
Ann Renfrow: 270-278-5232

Please mail completed Registration form, MDA Waiver form and check for \$20/\$25 Registration fee to:  
Livermore Woman's Club  
C/O Ann Renfrow  
915 Sand Hill Road, Livermore, KY 42352

PLEASE PRINT CLEARLY (one entry per participant, form may be copied)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CIRCLE GENDER:      M                      F                      Age on Race Day: \_\_\_\_\_

CIRCLE AGE GROUP:    (08-14)    (15-25)    (26-35)    (36-40)    (41-45)    (46-50)    (51-59)    (60+)

CIRCLE: *Runner or Walker*      Circle: *T-Shirt Size:*    YS    YM    YL    S    M    L    XL    XXL    XXXL

### WAIVER AND RELEASE STATEMENT

I agree to participate in this event at my own risk, and in doing so, absolve organizers of the MDA 5K Run/Walk, Volunteers, and the City of Livermore of any responsibility for my wellbeing.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT                      DATE                      SIGNATURE OF GUARDIAN (if under 18)                      DATE