RACE ENTRY FORM

FIRST NAME	LAST NAME
STREET ADDRESS	
CITYSTATE	ZIP
DATE OF BIRTH (mm/dd/yy)//	
PHONE NUMBER (MAIL
EMERGENCY CONTACT (Please select someone not participating in	n the race.):
NAME:	
PHONE NUMBER:	
GENDER (CIRCLE ONE) M F SHIRT SIZE (CIRCLE ON	NE) YS YM S M L XL 2X 3X 4X
I AM PARTICIPATING/DONATING IN HONOR OF:	
am medically able and properly trained, and by my signature, I certify agree to abide by any decision of a race official relative to any aspect tion for any reason whatsoever. By signing below, I acknowledge that do hereby release and discharge all sponsors and associates of this	stentially hazardous activity, which could cause injury or death. I will not enter and participate unless of that I am medically able to perform this event, and am in good health, and I am properly trained. I to f my participation in this event, including the right of any official to deny or suspend my participation in consideration of the acceptance of my entry, I for myself, my heirs, executors and administrators event and the Lexington-Fayette Urban County Government from any and all claims in said event. I in this event. I also release publishing rights of photographs taken of me during the 5K for purposes
SIGNATURE (Parent or guardian required for youths unde	er age 18.)
DATE	

RACE INFORMATION

Detach this portion of the form for your records.

The third annual Veterans VA5K will support the Lexington Veterans Affairs Medical Center outreach program, which serves American heroes who suffer from post-traumatic stress disorder, drug dependency and homelessness. The even is sponsored and coordinatated by the Lexington Division of Community Corrections and Columbia Gas of Kentucky and its NiVets employee resource group.

Location: The race course winds through the beautiful grounds of the medical center at 2250 Leestown Rd. in Lexington.

Cost: Advanced registration, through Oct. 21, is \$30 per adult participant age 18 and older, \$15 for youths under 18, and \$25 per member for teams of 10 or more. After Oct. 21 through the day of the event, an additional \$5 will be charged per registrant. T-shirts and goody bags are guaranteed only for participants who register by Oct. 21. Registration is open through Nov. 2 at www.active.com. Teams should contact Kim Kammer at kkammer@nisource.com or 859.288.6343 for the team rate.

Packet Pickup: Race packets, including numbered bibs and tshirts, can be picked up at Columbia Gas of Kentucky, 2001 Mercer Road, Lexington, from 8:30 a.m. to 4:30 p.m. starting Monday, Oct. 30, through Friday, Nov. 3. On race day, packets pickup will begin at 10 a.m. and end at 11:30 a.m.

Awards: Prizes will go to the top 5 male and female finishers overall and top finishers in each of the following age groups: 8 and younger, 9-10, 11-13, 14-16, 17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-100, 100 and older. There will be no duplication of awards.

Race Day Schedule: Registration and packet pickup -- and shuttle service to the medical center -- will be from 10-11:30 a.m. at Columbia Gas of Kentucky, 2001 Mercer Road. Activities for participants and their families will begin at 11 a.m. The timed race will begin at Noon. The awards ceremony and door prize presentations will begin at 1 p.m. or as soon as times are tabulated. Coffee and hot chocolate will be available for registered participants before the race. Refreshments will be provided post-race.

Parking/Restrooms: Parking will be available in the parking lot of Columbia Gas of Kentucky, 2001 Mercer Road, Lexington, with shuttle service to and from the medical center. Restrooms will be available.

For more information, please contact Race Director Susan Murray at susanmurray@nisource.com or 859-288-6350.



