

**Official Entry Form**  
**Campbellsville Fourth of July Celebration**  
Taylor Regional Hospital FREEDOM 5K / 1 Mile Walk

Date: **Saturday July 2, 2011**

Start Time: **9 am**

Where: **Campbellsville Middle School**

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.***

**Please Select Age Division:**

Under 14 \_\_\_\_\_ 25-29 \_\_\_\_\_ 40-44 \_\_\_\_\_ 55-59 \_\_\_\_\_  
14-17 \_\_\_\_\_ 30-34 \_\_\_\_\_ 45-49 \_\_\_\_\_ 60 & up \_\_\_\_\_  
18-24 \_\_\_\_\_ 35-39 \_\_\_\_\_ 50-54 \_\_\_\_\_

|                     |
|---------------------|
| <b>Male</b> _____   |
| <b>Female</b> _____ |

**I will be participating in the (check ONE) \_\_\_\_\_ 5K Run \_\_\_\_\_ 1K Walk**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Shirt Size: (Circle One)      SMALL      MEDIUM      LARGE      X-LARGE**

**Make check payable to: Campbellsville Fourth of July Celebration**

**Mail to: Campbellsville Fourth of July Celebration**

Freedom TRH 5k Run  
P.O. 421  
Campbellsville, KY 42719

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| <b>Entry Fee:</b><br><br><i>Pre-registration \$15 before June 15</i><br><br><b>\$20.00 day of race</b><br><br><i>Pre-registration guarantees a t-shirt</i> |
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**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 Hospital 5K and 1 mile walk.

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

**Signature of Parent/Guardian** (if entrant is under18) \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Further Information**

Campbellsville Fourth of July Celebration  
www.CampbellsvilleFourthOfJuly.com  
(270) 403-4320 Email: [5K@CampbellsvilleFourthOfJuly.com](mailto:5K@CampbellsvilleFourthOfJuly.com)