



7th annual
**4K for
 HEART
 Health**

February 14-28, 2018

Proceeds benefit WHAS CRUSADE FOR CHILDREN

Our only virtual race of the year, this event gives you two weeks to complete a 4K run or walk at a time and place of your choosing. We encourage you to then post a selfie or scenes from your run on our Facebook page. No overall or age group awards, but we will award the most creative/liked FB posts on our page – \$50, \$25, and \$10 for first, second and third. And you still get swag, just like at a regular race. Check our website for registration details.

To enter the Facebook photo contest, post your selfie on the County-wide Stride Facebook wall. Share your picture with your friends and encourage them to “like” it. The top three photos with most likes on March 1 at 12:00 NOON wins.

Registration Details

- Cost is \$15
- Register by Wednesday, February 28
- Free custom running socks. (Giveaways will be available for pickup at March race.)
- For on-line registration go to rockcastleregional.org/race/february

Questions/Information

- Contact Kayla Rowe at (606) 256-7767 or e-mail kayla.rowe@rhcc.org

 Follow County-Wide Stride on Facebook at facebook.com/countywidestride

Race 2 of 12 in the 2018 County-Wide Stride Series

 **ROCKCASTLE
 REGIONAL**
 HOSPITAL ■ RESPIRATORY CARE CENTER
www.rockcastleregional.org

**COUNTY-WIDE
 Stride**
 Run/Walk Series

**4K for Heart Health
 REGISTRATION FORM**
(Please Print Clearly)

Name: _____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Want to join our race e-mail contact list? Yes No Already on list

First time participating in an organized run/walk? Yes No

How did you hear about this event? Newspaper Friend On-line Race Calendar Social Media Other _____

Amount Enclosed (check one) \$15.00

Rockcastle Regional Employee Discount: \$7.50

Make Checks Payable to: Rockcastle Regional Hospital

Send form and payment to: Attn. Kayla Rowe, Rockcastle Regional, P.O. Box 1310, Mt. Vernon, KY 40456 (Fees are non-refundable)

WAIVER

PLEASE READ CAREFULLY: Release and indemnity agreement – Running and/or walking a distance race is a potentially hazardous activity. I should not enter and participate unless I am medically and physically able, and properly trained. In consideration of entering this run/walk event, and intending to be legally bound, I do release and waive for myself and for my heirs, executors, and administrators (and for my child as its legal guardian) and claims for damages and liabilities of any kind arising out of my participation in the event against all persons, entities, and agencies involved with promoting and running the event, including Rockcastle Regional Hospital and Respiratory Care Center and all Sponsors. I hereby release all publication rights of any photographs or video taken at this event to Rockcastle Regional Hospital and Respiratory Care Center for print and Website publication and/or advertising and social media. By signing below, I indicate that I agree to abide by this agreement and acknowledge that I ASSUME ALL RISK ASSOCIATED WITH PARTICIPATING IN THIS EVENT.

Date: _____

Participant(s) Signature (Or parent's signature if under 18)