



Pro.Active for Life 5K Run/Walk

Benefiting the United Way & WeWannaPlay

Friday 5.10.2019 – 6:30 p.m.
Downtown Frankfort

6th Race of the Frankfort Striders
Run/Walk Series*



United Way
of Franklin County



Race Packet Pickup & Late Registration: Friday, May 10, 8 am-6 pm
Award Ceremony TBD. Online registration @ www.runsignup.com/Race/KY/Frankfort/ProActiveforLife5K

Name: _____ Date of Birth: _____ Age on Race Day: _____ M _____ F _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Event: ProActive for Life 5K _____ ProActive for Life 5K Virtual Run/Walk _____

THIS IS MY 1st 5K, OR 1st PARTICIPATION IN A 5K OR LONGER DISTANCE WITHIN THE PAST 5 YEARS.

Age Division: 0-4 5-9 10-14 15-19

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+ Wheelchair Division

_____ Adults - \$25 through May 9; \$25 May 10
_____ Children - \$15/person through May 9, \$20 May 10

Additional Donation for:
_____ United Way of Franklin County \$ _____
_____ WeWannaPlay \$ _____
_____ I would like to pay for a student's registration (\$15/student)

TEAM NAME and/or SCHOOL***: _____
***Any one can be a part of a School Team

Referred by: _____

_____ Total Payment Enclosed, THANK YOU! For Office Use Only: Check # _____ or Cash _____
===== Release of Responsibility =====

Runners must be careful to register and run under their proper name, sex and age division to avoid disqualification. In consideration of accepting my entry, I, intending to be legally bound, hereby for myself, my heirs, my executors and administrators, do waive and release forever, any and all rights and claims for damages I may accrue against Pro.Active Therapy, its agencies and the employees and agents of both, USA Track & Field, the United Way of Franklin County, the directors of WeWannaPlay, involved with promoting and/or staging the race for any and all injuries suffered by me while traveling to and from and while participating in running mentoring sessions and/or the Pro.Active Therapy 's Proactive for Life 5K Run/Walk or 5K race competition on May 10. I further state that I am in proper physical condition to participate in this event. I also release publication rights to photographs of me shot during the Proactive for Life 5K Run/Walk or 5K Race weekend events for purposes of publicity for this and future Proactive for Life events.

Name (print) _____ Signature _____ Date: _____

If under 18, signature of Parent/Guardian: _____

Make checks payable to: Pro.Active Therapy 5K **Mail to:** United Way of Franklin County, P.O. Box 1544, Frankfort, KY 40602

For more information about Pro.Active Therapy or either of our race beneficiaries, please refer to our websites: www.proactivetherapy.org www.unitedwayfranklincounty.org, www.wewannaplay.org
*For information on the Frankfort Run/Walk Series, go to www.frankfortstriders.com

Please circle T-shirt Size –

Youth Small Youth Med Youth Large

Adult SM Adult Med Adult Large

Adult XL Adult 2XL Adult 3X

_____ I do not want a t-shirt. Please donate cost of shirt to race beneficiaries.

_____ I am signing up as part of the Frankfort Run/Walk Series.