



# COLOR RUN FOR A CAUSE

## 5K RUN/1 MILE WALK SATURDAY AUGUST 27TH, 2016

All proceeds will benefit patients of the ARH Cancer Center through the Patient Assistance Fund...

Fastest overall runner will win CASH PRIZE of \$100.00...

Top Male and Top Female will be awarded trophies...

Medals will be awarded to the top 3 finishers in each age group...

Pre-registration forms can be downloaded from [www.arh.org](http://www.arh.org) and mailed to Brittney Briggs ARH Cancer Center, 110 Medical Center Drive Hazard KY. Forms may also be picked up and dropped off at the ARH Cancer Center, 110 Medical Center Drive Hazard KY. Fugate Family Chiropractic, 100 Veterans Drive Hazard KY. Hazard Clinic, 271 E Main St. Hazard KY. Please make checks payable to ARH FOUNDATION.

\$20 PRE-  
REGISTRATION

\$25 REGISTRATION  
ON RACE DAY

ONLY THOSE PRE-  
REGISTERED BY  
AUGUST 22<sup>TH</sup> ARE  
GUARANTEED A  
T-SHIRT!

REGISTRATION @  
7PM @ CITY HALL  
PICNIC SHELTER

RACE BEGINS @  
8PM

### FOR MORE INFO

Please contact Brittney  
Briggs

ARH Cancer Center

(606) 439-6823  
[bbriggs@arh.org](mailto:bbriggs@arh.org)

# 5 K RUN/ 1 MILE WALK COLOR RUN

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Registration Information			
First Name	Middle Initial	Last Name	
Address	City	State, Zip	
E-mail	Phone	Gender	Shirt Size: <input type="radio"/> Youth Small <input type="radio"/> Youth Med <input type="radio"/> Youth Large <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> XL <input type="radio"/> 2XL
		<input type="radio"/> Male  <input type="radio"/> Female	Age Group: <input type="radio"/> 10 & Under <input type="radio"/> 11-15  <input type="radio"/> 16-20 <input type="radio"/> 21-30 <input type="radio"/> 31-40  <input type="radio"/> 41-50 <input type="radio"/> 51-60 <input type="radio"/> 61 and over

Checks can be made payable to **ARH Foundation**

**Waiver of Responsibility:** I understand that participation in this event is strictly voluntary and in consideration of the acceptance of my entry, I for myself, my heirs, executors and administrators, do hereby release and discharge forever the ARH Hazard Cancer Center, and volunteers and all sponsors and their representatives and successors from all claims and/or liabilities of any kind arising out of my participation in said event including but not limited to injury, death, contact with road, contact with motor vehicles, contact with other participants, hazards of weather conditions, and other potential hazards. I certify that I have full knowledge of the risks involved in participation in this event, and I am physically fit and sufficiently trained to participate. I understand that I should consult a physician and follow his/her advice before participating. I also release publishing rights of photographs taken of me during the event for purposes of publicity for this and future events sponsored by Hazard ARH Cancer Center, Fugate Family Chiropractic and Hazard Clinic.

Parent/Guardian (required if participant is under 18) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_