

# 11<sup>th</sup> Annual Shamrock

## 5K SHUFFLE

Saturday, March 11, 2023

*Race begins at 10:00 AM  
Chamber of Commerce Office  
Downtown Somerset*

Register Online at:  
[www.shamrockshuffleky.com](http://www.shamrockshuffleky.com)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TEAM NAME \_\_\_\_\_

MALE  FEMALE

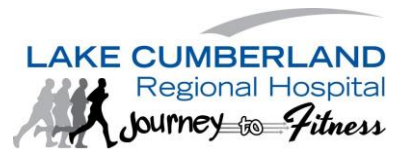
**T-SHIRT SIZE**

YOUTH MEDIUM  YOUTH LARGE  SMALL  MEDIUM  LARGE  X-LARGE  XX-LARGE

I, the participant, do hereby waive and release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, Good Times Event Services LLC and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. I understand that if I have been exposed to or currently have COVID 19 / Corona Virus, I am forbidden from attending the onsite event and will consider my registration virtual. I also understand that if the onsite event were to be forced to cancel by a government entity, my registration will convert to virtual. No refunds will be issued. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Cost:  
January 16<sup>th</sup> – March 5<sup>th</sup> = \$22.00  
March 6<sup>th</sup> – March 11<sup>th</sup> = \$25.00  
RACE DAY (\$30.00) \_\_\_\_\_  
ADDITIONAL T-SHIRTS (\$15.00) \_\_\_\_\_  
TOTAL \_\_\_\_\_

MAIL ENTRY FORM AND CHECK TO:  
Pulaski County Chamber of Commerce  
236 East Mt. Vernon Street  
Somerset, KY 42501  
Make Checks Payable to "SPC Chamber of Commerce"



Signature (Parent or Guardian Signature if Under 18)