



Pro.Active for Life 5K
 Benefiting the United Way of Franklin Co.
Friday 5.18.12 – 6:30 p.m.
Downtown Frankfort
Second Leg of the Frankfort Trifecta Series
Additional Festivities following race TBA



PLEASE FILL IN ALL OF THE FOLLOWING. ONE REGISTRATION PER FORM:

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

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

Phone: _____ E-mail: _____

Yes ___ No ___ THIS IS MY FIRST 5K, OR FIRST PARTICIPATION IN A 5K OR LONGER RACE IN THE PAST 5 YRS.

Age Division:			
<input type="checkbox"/> 0-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-14	<input type="checkbox"/> 15-19
<input type="checkbox"/> 20-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30-34	<input type="checkbox"/> 35-39
<input type="checkbox"/> 40-44	<input type="checkbox"/> 45-49	<input type="checkbox"/> 50-54	<input type="checkbox"/> 55-59
<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-69	<input type="checkbox"/> 70-74	<input type="checkbox"/> 75-79
<input type="checkbox"/> 80+	<input type="checkbox"/> Wheelchair Division		

Please circle T-Shirt Size		
Youth Small	Youth Med	Youth Lg
Adult SM	Adult Med	Adult Lg
Adult XL	Adult 2XL*	Adult 3X*
<input type="checkbox"/> Upgrade to Tech Shirt (\$10 extra, deadline 4/16/12) <input type="checkbox"/> I would like a 2012 Training Booklet (free electronically, or add \$2 for mailed hard copy) *Please add \$3 for adult 2XL or 3XL. <input type="checkbox"/> I do not want a t-shirt. Please donate cost of shirt to the United Way of Franklin County.		

_____ **Individual** - \$18 through May 16; \$25 May 17-18

_____ **Team**, minimum 5 people - \$15/person through May 16,
 \$25 on May 17-18. Team Name: _____

_____ **\$10, Tech Shirt upgrade (optional) (deadline April 16)**

_____ **\$3 extra for 2XL or 3XL shirt** _____ **Additional Donation for United Way \$**_____

_____ **Total Payment Enclosed, Check #** _____ **or Cash** _____ **THANK YOU!**

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, 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 18, 2012. 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: Pro.Active Therapy, 936 Walnut Road, Frankfort, KY 40601

Race Packet Pickup & Late Registration: Thursday, May 17: 4-8 pm and Friday, May 18: 8 am-6 pm: Marcus Bldg, 311 St. Clair St, Frankfort.