



BELL'S TAVERN 5K RUN/WALK REGISTRATION 9-9-23

ASSIGNED BIB NUMBER:

PRINT FULL NAME: _____

Gender: Male / Female (circle one) Age: (on race day) _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____

Email: _____

*EVENT DISCLAIMER: Please review the following waiver and disclaimer.
By adding your signature, you accept this waiver and disclaimer.*

Waiver and Release: I, _____ (print name), acknowledge that my participation in the Bell's Tavern 5k Run/Walk-a-thon may involve a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge The City of Park City and their respective directors, commissioners, officers, board of trustees, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5k run/walk. I hereby grant the City of Park City & Park City Tourism permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

Signature: _____ Date: _____

* If under 18

Signature of Parent: _____ Date: _____

Please return completed registration form and \$10 registration fee to
Park City City Hall at 41 Mammoth Cave St, Park City, KY 42160 or mail to:
Park City City Hall Mailing address: PO Box 304, Park City, KY 42160