

# Downtown Days



**5K Run**  
**October 8, 2016**  
**8 a.m. CST**

**Contact: Jada Coomer**  
 Mail Entry Form to: 116 Campbellsville  
 Street, Columbia, KY 42728  
 Email: [jadacoomer@hotmail.com](mailto:jadacoomer@hotmail.com)  
 Phone: 270-378-0791

Name:											
Street Address:											
City, State, ZIP											
Phone:						Email address:					
Age on race day:				DOB:		Male:			Female:		
T-Shirt size: Small: ____ Medium: ____ Large: ____ X-Large: ____											
Age Division:	14 & Under	15 - 19	20- 29	30- 39	40- 49	50- 59	60+				
Special Medical Information:											

**Pre-registration by Oct. 3, 2016.** Entry Fee: \$15 for pre-registered runners; \$20 race day registration.  
**Please make checks out to Renaissance Columbia.**

Registration begins at 7 a.m. at the Columbia/Adair County Chamber of Commerce, 112 Burkesville Street, Columbia, Kentucky. Runners should report at least 30 minutes before race time.

Pre-registered runners are guaranteed a t-shirt on race day. All other registrants will receive a t-shirt while supplies last. Plaques awarded to the top male and female finishers. Medallions will be awarded to the top 2 finishers in each age division. Awards will be handed out immediately following the race.

**RELEASE OF RESPONSIBILITY**

In consideration of accepting my entry, I, my child, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators, do waive and release forever and all rights and claims for damages I may accrue against all persons and agencies, namely the Downtown Days Festival committee, Renaissance Columbia, The City of Columbia, The County of Adair and/or all of its agents involved with taking part in any activities connected with the event. I also release publications of rights to photographs of me shot during the Downtown Days 5K for the purpose of publicity. I further state I am in proper physical condition to participate in this event. Runners must register and run under their proper names, sex, and age division to avoid disqualification.

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date