

# Farmer's Fitness

sponsored by

The May's Lick Asparagus Festival &  
The Mason County Cross-Country Team

Saturday, May 17, 2008 9:30 a.m.

May's Lick, Kentucky

Registration at 8:30 a.m.



COURSE: 3.1 miles (5 kilometers) along Main Street in May's Lick. Scenic and moderately hilly. First aid and water available.

AWARDS to top male and female in each age category. T-shirts to all entrants. Award ceremony immediately after race with the Asparagus Wreath to top overall male and female.

REGISTRATION: Entry fee is \$15. Register morning of event or pre-register at Jones's May's Lick Market, U.S. 68 in May's Lick, 763-6823, or mail to P.O. Box 129, May's Lick, KY 41055. Make checks payable to "May's Lick Community Development."

AFTER THE RUN: Have a *Heck* of a good time at the May's Lick Asparagus Festival. Good Food, Cool Crafts & Live Entertainment!

Check us out! [www.mayslick.com](http://www.mayslick.com)

## ENTRY FORM

DIVISION: (circle one)

	Female	Male		Female	Male
10-14	A	B	40-44	M	N
15-19	C	D	45-49	O	P
20-24	E	F	50-54	Q	R
25-29	G	H	55-59	S	T
30-34	I	J	60-64	U	V
35-39	K	L	65-70+	W	X

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ SHIRT SIZE: M L XL

In consideration of the acceptance of my entry, I, for myself, my executors, administrators, & assignees, do hereby release & forever discharge the official, administrators, & all sponsors & individuals assisting in the presentation of the Farmer's Fitness 5K from all claims of damages, demands, & actions whatsoever in any manner or growing out of my participation in this event. I hereby attest & verify that I have full knowledge of the risks involved in this run, that I assume those risks, that I will assume & pay my own medical expenses & emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses, I attest that I am physically fit & sufficiently trained to participate in this run.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*(Required if participant is under 18 years of age. Participants must be at least 10 yrs. old)*

Emergency contact: \_\_\_\_\_ PHONE \_\_\_\_\_

FOR MORE INFORMATION CALL: 606-763-6823 or 763-6140