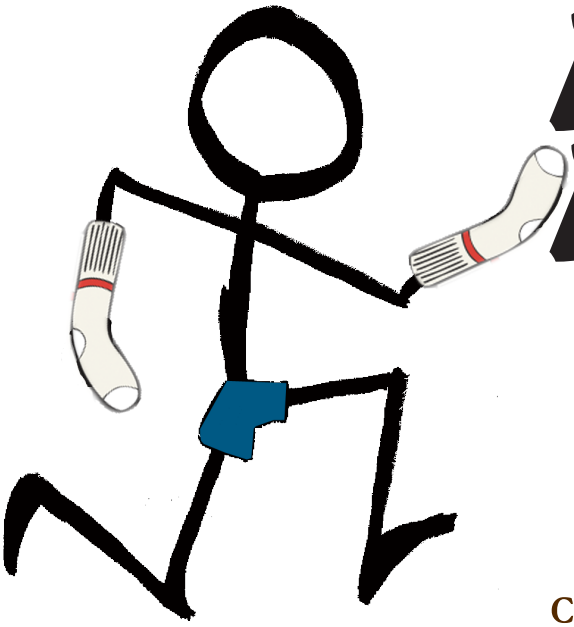

DOC'S DASH

Honoring Dr. H.W. Ford

5K RUN/WALK

Benefits Marshall County Hospital Foundation

SATURDAY OCTOBER 13, 2012

Marshall COUNTY HOSPITAL

Peel & Holland
Insurance ▪ Risk Consulting ▪ Employee Benefits

When: 8 a.m. on Saturday, October 13, 2012. *Registration is from 6:45 to 7:45 a.m.*

Where: Race begins at North Marshall Middle School. *3110 Kentucky 95, Calvert City*

Course: Course is relatively flat, fast, paved loop. Chip timing by West Kentucky Runners Club.

Registration: $20 until October 12th, $25 on race day. One entry form required for each participant. Make checks payable to MCH Foundation. Mail check and entry form to Peel & Holland, P.O. Box 427, Benton, KY 42025.

Awards: Awards for overall male and female winners and top three male and female runners in the following age groups: 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

Benefits: Proceeds will go to Marshall County Hospital Foundation and entry fees are tax deductible.

Registration Form

Name:_____ Email:_____

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

Phone:_____

Emergency Contact:_____ Emergency Contact Phone:_____

Sex: F M Age on Race Day:_____ T-Shirt Size (adult sizes): S M L XL XXL

Waiver and Release of Liability

I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Doc's Dash 5k (the "Event"), the Marshall County Hospital, the Marshall County Hospital Foundation, Peel & Holland, Inc., all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand there will be no refunds if Event cannot be staged or is cancelled for any reason. Marshall County Hospital and Peel & Holland, Inc., reserve the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I agree that I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. If PARTICIPANT IS UNDER AGE 18, the signature certifies that my son/daughter has my permission to participate in Doc's Dash 5k. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by signing intentionally and voluntarily agrees to its terms and conditions.

Signature:_____

Signature of parent or legal guardian if under 18:_____

Date:_____

For More Information:
270.527.8621 or 270.527.4856 | *kradomski@peelholland.com* or *marica.white@marshallhospital.net*