

Release of Responsibility

I understand that participation in a 5K run/walk is a potentially hazardous activity. I will not enter and participate in this event unless I am medically able and properly trained. I hereby represent that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

I knowingly and freely assume all risk both known and unknown associated in this event and its related activities. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS and assume full responsibility for my participation.

In consideration of your accepting my entry, I intend to be legally bound, do hereby for myself, my heirs, my executors and administrators, hereby release, indemnify and hold harmless forever any and all rights and claims for damages or injuries I may accrue against all persons and agencies including but not restricted to, The City of Jeffersontown, Jeffersontown Chamber of Commerce, Headfirst Performance and any other city involved with promoting the race as listed by name, their successors, representatives, officers, employees, volunteers, board members and assigns, suffered by me while traveling to and from and while participating in the Gaslight 5K Run/Walk in Jeffersontown, Kentucky.

I grant permission to all of the foregoing to use any photographs, video recordings or any other record of this event for legitimate purposes, including Gaslight literature and future promotions.

Printed name of Entrant

Signature of Entrant

Date

Signature of Parent/Guardian if Entrant is under 18

Date

The Chamber Jeffersontown
10434 Watterson Trail
Jeffersontown, KY 40299

Gaslight Festival



SECURITAS MORTGAGE

5k Run/Walk

Sponsored by:



BAPTIST HEALTH®



TUESDAY, SEPTEMBER 14



Gaslight 5K Run/Walk

TUESDAY, SEPTEMBER 14 • 7:00 PM

The race starts and finishes in front of Jeffersontown City Hall

Register

Mail: Fill out the attached registration form & mail completed form to: The Chamber Jeffersontown
**Attn: Gaslight 5K 10434 Watterson Trail
Jeffersontown, KY 40299**

If you need to print additional forms visit:
www.jtownchamber.com/gaslight-festival

Online: www.runsignup.com

Preregistration: \$25

Registration fee for all applications received, or postmarked by August 27, 2021.

Registration will close on Friday, August 27 at 1:30 PM.

After that date & time you must register on the day of the event.

Late Registration: \$30

Registration fee for all event day registrants.
Event day registration is from 5:00 PM - 6:30 PM.

T-shirts:

Participants will receive a Gaslight Festival 5K shirt.

T-shirt size is not guaranteed to late registrants.

For more information please contact:

The Chamber Jeffersontown
10434 Watterson Trail
Phone: (502) 267-1674

Packet Pickup

Packets can be picked up prior to race day on Monday, September 6 from 10:00 AM - 5:00 PM at The Chamber Jeffersontown.

ALL REMAINING PACKETS MUST BE PICKED UP ON RACE DAY AT THE JEFFERSONTOWN PAVILION FROM 5:00 PM - 6:30 PM.

Prizes

- Cash prizes to the top male and female finishers
- Awards to the top 3 finishers in each age group
- All will be eligible for the Grand Prize Drawing

Age Groups:

0-14	15-19	20-24	25-29	30-34
35-39	40-44	45-49	50-54	55-59
60-64	65-69	70+	Wheelchair	



BAPTIST HEALTH®



2021 Gaslight Festival 5K Run | Walk

Entry Fee: \$25.00 if postmarked by Aug. 27 | Late Entry Fee: \$30.00 | **No refunds given.**
Make checks payable to: Gaslight Festival 5K. Send check and this form to: Gaslight Festival 5K | 10434 Watterson Trail | Jeffersontown, KY 40299
YOU MUST SIGN WAIVER ON THE BACK OF THIS REGISTRATION FORM. WE ENCOURAGE EARLY REGISTRATION TO AVOID LONG LINES.

Last Name _____ First Name _____ MI _____

Address _____ Phone Number (____) _____

City _____ State _____ Zip Code _____

Date of Birth: ____/____/____
Month / Day / Year Age on Race day Sex _____ Email _____

Payment Method:

Check made payable to The Chamber Jeffersontown _____

MC _____ VISA _____ DISCOVER _____ AMEX _____ Account No. _____ Exp. Date: _____ 3-digit code: _____

Billing Zip Code: _____ Billing Address: _____ Signature: _____ Date: _____

Circle T-shirt Size

KID	ADULT
XS	S
S	M
M	L
L	XL
XL	3X