



Second Annual 5K Run/Walk  
Saturday, April 30<sup>th</sup>, 2011  
Race Time: 9:00am/Kids Fun Run at 8:30am  
Downtown Prestonsburg, KY, beginning at First  
Commonwealth Bank

**NOTE: You may also register online at [www.active.com](http://www.active.com). Event # 1942808**

### Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on April 30<sup>th</sup>, 2011 \_\_\_\_\_ Sex: M / F

**T-Shirt Size (Adults)** circle S M L XL XXL//Total Adult T-Shirts \_\_\_\_\_

**T-Shirt Size (Youth)** circle S M L//Total Youth T-Shirts \_\_\_\_\_

(Deadline of April 10<sup>th</sup> in order to guarantee T-shirt size)

**Fees:**

\$20.00 per Adult//Number of Adults: \_\_\_\_\_

\$15.00 per Child (10 and under)//Number of Children: \_\_\_\_\_

\$50.00 Family (up to 5 entries)//List all participants and

ages: \_\_\_\_\_

**Please send completed registration form and check/money order payable to Highlands Foundation to:**

Highlands Foundation/Changing Lives 5K  
PO Box 668  
Prestonsburg, KY 41653

**Please check one:**

I plan on attending on race day.

I do not plan on attending race day. However, please accept my registration fee as a donation to the Highlands Center for Autism. (Please note that all t-shirts will need to be picked up prior to or on race day. You will be notified via email for pickup.)

By signing below, I acknowledge that in consideration of acceptance of my entry, I for myself, my heirs, executors and administrators, do hereby release and discharge Highlands Health Systems, the Highlands Center for Autism, and all sponsors and associates of this event from any and all claims in said event. I certify that I have full knowledge of the risks involved in participating in this event. I release publishing rights of photographs taken of me during this event for purposes of coverage and publicity for this and future events sponsored by Highlands Health Systems and the Highlands Center for Autism.

X \_\_\_\_\_  
Signature/Signature of Parent or Guardian if under 18 years of age Date