

HALLOWEEN 5K RUN/WALK

**KIDS 1-MILE FUN RUN/WALK
(WIZARD CHASE)**

SATURDAY, OCTOBER 30, 2021

**STRAP ON YOUR RUNNING SHOES AND JOIN US FOR OUR
ANNUAL 5K/FUN RUN EVENT
COSTUMES ARE ENCOURAGED, PRIZES WILL BE AWARDED**

**Shaker Village of Pleasant Hill
3501 Lexington Road
Harrodsburg, Kentucky 40330**

**5K Earlybird Registration
Through October 6: \$20
(\$15 if 18 & Under)**

**After October 6: \$25
(\$20 if 18 & Under)**

**5K starts @ 9:30 a.m.
1 Mile Free Fun Run "Wizard Chase"
(Free) @ 10:30 a.m.
Registration starts 8:30 a.m.**

**Paid Registration includes admission
to Shaker Village & t-shirt**



**FOR INFO PLEASE
TEXT OR CALL: 859-319-2991**



**Harrodsburg
Kiwanis Proudly
Support Youth
Initiatives in
Mercer County**



HALLOWEEN 5K RUN/WALK

KIDS 1-MILE FUN RUN/WALK WIZARD CHASE

SATURDAY, OCTOBER 30, 2021 5K @ 9:30 a.m. Fun Run Wizard Chase @ 10:30 a.m.

Registration starts @ 8:30 a.m.

Shaker Village of Pleasant Hill

3501 Lexington Road, Harrodsburg, Kentucky 40330



5K ENTRY FEE:

Through OCTOBER 6: \$20 (\$15 IF 18 & Under)
After OCTOBER 6: \$25 IF 18 & Under)

VIRTUAL RUNNER:

Can pick up prior to race day or pay \$2.00 more to have it mailed to you.

Make checks payable to Harrodsburg Kiwanis Club
Harrodsburg Kiwanis Club, P.O.Box 54, Harrodsburg, KY 40330

5K REGISTRATION:

Mail the entry form and check by SEPTEMBER. 30, 2021

RACE DAY REGISTRATION:

Bring check and register, Beginning at 8:30 A.M.

Kids Fun Run free registration will be the day of the event and includes free individual admission to Shaker Village and participation medal.

5K paid registration includes a t-shirt, goodies from sponsors, individual admission to Shaker Village and race information.

RACE PACKETS:

Pre-pick up available on Oct. 29 from 10-4 at
First Financial Bank, 104 S. Chiles Street Harrodsburg, KY
Pick up race packets on race day at Shaker Village of Pleasant Hill

RACE DAY RESULTS:

Results will be available at
Harrodsburg Kiwanis Club Facebook Page



AWARDS:

Will be given to the Top 3 Finishers, as well as, Top Male and Female age groups: 9-under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+ and Prizes for the best costumes

5K ENTRY FORM

Name: _____

Address: _____

City, State, Zip _____

Date of Birth _____ Age on race day: _____

Plan on: _____ Running at Shakertown on Oct. 30
_____ Virtual Runner ___ Pick Up ___ Mail

Email: _____

Gender: _____ Male _____ Female

Tshirt size: Cannot guarantee race day entries
(Pre-register by October 6 to guarantee shirt)

AS _____ AM _____ AL _____ AXL _____ A2XL _____

Signature _____ Date _____

Parent or Guardian Signature (if under 18)

Release of responsibility. In consideration of the acceptance of my entry, I for myself, my heirs, executors, and administrators, do hereby release and discharge Harrodsburg Kiwanis Club 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 and that I am physically fit and sufficiently trained to participate in this event.

For the safety of our volunteers and other guests, please review the symptoms of COVID-19 and do not proceed with your participation if you are experiencing any of these symptoms. Those with any signs of illness should stay home. Symptoms may appear 2-14 days after exposure to the virus including • Cough • Shortness of breath • Fever • Muscle pain • Chills • Sore throat • Loss of smell • Vomiting • Diarrhea

We are committed to providing a safe environment for our participants; however, it is impossible to eliminate all risks. By entering Shaker Village facility and/or participating in an Kiwanis activity or event, you acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering Shaker Village facilities and/or participating in Kiwanis activities and events, you agree to follow all policies and procedures, any applicable laws of the Commonwealth of Kentucky, and all applicable Shaker Village, federal, state, and local guidelines for COVID-19 including current directives from the Center for Disease Control (CDC), the Occupational Safety and Health Administration (OSHA), and the Kentucky State Government, and acknowledge that you are voluntarily assuming full responsibility and liability regarding any injury or illness, including COVID-19, that may occur as a result. If, after your visit, you are diagnosed with COVID-19, we request that you call and inform the office so that appropriate precautions can be taken.



CONNECT WITH US

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