



Present

Kentucky Children's Hospital 5K Run/Walk

Coldstream Park, Lexington, KY • Saturday, May 29th
Race Begins @ 9:00 a.m.
Walkers Encouraged

Registration

Fees: \$20 by May 28th, \$25 on race day. All registered entrants receive a short-sleeved t-shirt. Entrants can register online using a credit card or complete and mail the registration form on the back of this flyer.

Time

Registration.....8:00 a.m.
5K.....9:00 a.m.
Awards Ceremony.....10:30 a.m.

Awards

- *Top 3 Overall Male
- *Top 3 Overall Female
- *Age Group Winners (male & female)

13 and under	20-24	35-39	50-54	65-69
14-16	25-29	40-44	55-59	over 70
17-19	30-34	45-49	60-64	

5K Route

The 5K route will be located within Coldstream Park. For a map of the route please visit www.just4children.org. The route is mostly flat with a slight incline/decline in spots. The timing will be provided by John's Run/ Walk Shop. Please, no pets, bicycles, or rollerblades.

Refreshments

Water and fruit will be available at the end of the race. Water stations will be at select locations throughout the course.

Please check out our website:

www.just4children.org

The Benefit Organization



Since its beginning in 1962, the goal has been to provide the best care for children of Kentucky. Kentucky Children's Hospital does this through high-quality, compassionate, state-of-the-art health care to children and adolescents. Health Professionals also contribute to future improvements in children's health in our society through leadership in education, research and advocacy. UK Healthcare operates the only Certified Level 1 Trauma Pediatric Unit in this part of Kentucky. Kentucky Children's Hospital takes care of the sickest children, the tiniest babies and the most severe injuries.

In one year Kentucky Children's Hospital:

- Admits 7,000 children
- Cares for 900 babies born prematurely
- Treats 100 babies under 2 lbs.
- Helps 600 children in intensive care
- Serves 70,000 children as outpatients

Golden Corral has been a corporate sponsor for Children's Miracle Network, and has worked closely with Kentucky Children's Hospital for the past five years.

You can access more information about Kentucky Children's Hospital by going to www.kentuckykids.org.

Registration Form

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Email: _____
 Phone: _____
 Age on Race Day: _____ Sex: _____
 T-shirt Size: (please circle one)
 CHILD: 6-8 10-12 14-16
 ADULT: S M L XL XXL
 Fees: (includes a short-sleeved t-shirt)
 \$20 (\$25 on race day) \$ _____
 Additional donation to Kentucky
 Children's Hospital \$ _____
 Total Enclosed \$ _____

Waiver:
 I understand that participating in this event will subject me to potentially dangerous conditions, including uneven terrain, inclement weather, and other runners/walkers who may cause falls or other injuries. I certify that I am in proper physical condition to participate in this event and hereby release and hold harmless Golden Corral, Golden Ranch, Kentucky Children's Hospital, Children's Miracle Network, Lexington Division of Parks & Recreation, or the University of Kentucky its employees and volunteers from any and all demands, claims, damages or suits arising from or relating to bodily injury or personal property loss or damage sustained by me, or property damage or bodily injury to others caused by me during or because of participation in this event. I agree that Golden Corral, Golden Ranch, Kentucky Children's Hospital, Children's Miracle Network, Lexington Division of Parks & Recreation, or the University of Kentucky may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Make checks payable to Golden Corral and mail to:
 Golden Corral
 107A North Killarney Lane
 Richmond, KY 40475

_____ Date: _____
 Signature

Where did you hear about our 5K?
 Golden Corral Location, Which Location? _____ Other

_____ Date: _____
 Signature of Parent/Guardian for
 participants under the age of 18

Would you like to receive information from Runner's World?
 Yes No

****Mail this form to register for the 5K Run for Kentucky
 Children's Hospital or register online at www.just4children.org

*For more information please call (859) 625-5525 ext. 41

Bring the form at the bottom of this page along with your donations to the registration table on race day

Fund Raising for Kentucky Children's Hospital!

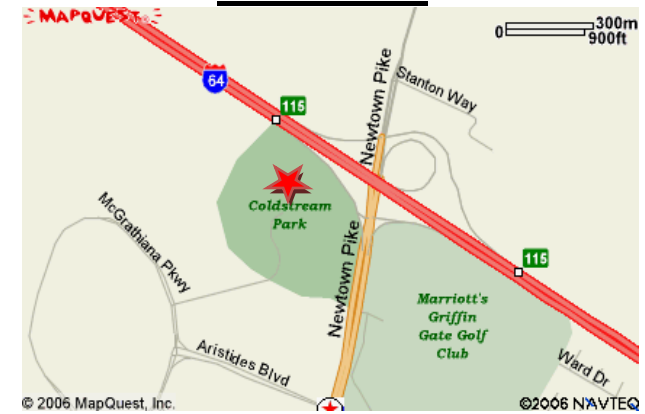
You can help Kentucky Children's Hospital even more by asking your family, friends, co-workers, schoolmates and neighbors to sponsor you in the 5K Run/Walk for Kentucky Children's Hospital. Just ask them to give you cash or a check made out to Golden Corral and fill out the information below for each sponsor so we can thank them for their tax-deductible donation. Bring this form and your donations with you on race day.

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Email: _____
 Phone: _____ Amt. Donated: \$ _____

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Email: _____
 Phone: _____ Amt. Donated: \$ _____

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Email: _____
 Phone: _____ Amt. Donated: \$ _____

Directions



Hosted by
 Sponsored by
 Lexington Division of Parks & Recreation