



Congratulations on your participation in the 100 Mile Challenge! Below you will find some helpful information to ensure your success as you “walk toward a healthier you!”.

What is the 100 Mile Challenge?

The goal of this challenge is to walk 100 miles (or more!) between **September 1st** and **November 10th** (approximately 1.4 miles per day).

On Saturday, **November 18th**, there will be a celebration at *Parks & Recreation* with fun activities and giveaways for those who have successfully completed the challenge.

Registration for the 100 Mile Challenge begins on **August 14th** and ends on **September 8th**.

How do I register?

Visit the CCHD’s website to register and pay online:

www.christiancountyhd.com OR stop by the CCHD to pay by cash or check. We are open Mon—Thurs 7:30am—4:30pm. We are closed for lunch from 12:00pm—12:40pm; Open on Fri—7:30am—11:00am.

How much does it cost?

Cost is \$10.00 per participant. This includes a t-shirt and the registration fee.

What’s in it for me?

- Improved health
- Improved mobility
- Free t-shirt
- Entry for giveaway at awards ceremony

What tools do I need in order to complete the 100 Mile Challenge?

Miles will be tracked using the 100 Mile Challenge Tracking Sheet. Extra sheets can be downloaded from www.christiancountyhd.com. **See sidebar for submission instructions! Tracking sheets must be emailed for recognition at the finale event.**

Date	Miles	Date	Miles



Important Dates to Remember:

August 14th - Registration Begins - \$10.00

September 1st - 100 Mile Challenge Begins

September 8th - Registration Ends

November 10th - 100 Mile Challenge Ends

November 13th at 4:30 pm - Last day to email Tracking Sheets to christiancountyhd@gmail.com.

November 18th - 100 Mile Challenge Finale Event 9:00—10:30 am



Registration Form

Welcome to the 100 Mile Challenge!

Registration Dates

August 14th - September 8th

Please complete and submit this form at www.christiancountyhd.com along with payment or stop by the Christian County Health Department.

All proceeds will support community health and wellness initiatives.

For additional questions, please call our Health Educators at 270-887-4160 ext. 5 or email christiancountyhd@gmail.com.

Please Print

Name: _____ Date of Birth: _____ Sex: M F

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

T-Shirt Size: S M L XL 2X 3X 4X 5X Mileage Goal: (100, 250, 500, etc.) _____

If you are participating as part of an organization, please list the organization's name here: _____

How did you hear about this event? Facebook WKDZ WHOP Kentucky New Era Friend/Family

Other: _____

Waiver & Photo Release Consent

I acknowledge that the Christian County Health Department carries liability insurance and does not provide health or accident insurance for its programs/special events. In consideration of my participation in the 100 Mile Challenge, I do hereby agree to hold free from any and all liability the Christian County Health Department and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors, and administrators, waive release, and forever discharge all rights claims for all injuries and damages, occurred. I do hereby declare myself to be physically and mentally sound, having medical approval to participate in the 100 Mile Challenge.

I HEREBY CONSENT to the use, publication and display, in whole or in part, by or on behalf of Christian County Health Department and its agents and assignees, including, but not limited to KENTUCKY NEW ERA, SOCIAL MEDIA, and Christian County Health Department, of any film, video tapes or photographs in which I or my child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use only and that Christian County Health Department will be credited for the photograph(s). I waive all rights to inspect and/or approve any of the printed matter that may be used in conjunction with the photograph(s) and the use to which it/they may be put.

Signature (Parent/Guardian signature if under 18): _____ Date: _____

