

# Hocking Valley Community Hospital Wellness 5K Walk/Run

Saturday July 3, 2010

Registration begins at 8:00 a.m.; Race begins at 9:00 a.m.

Start and finish at the Hocking County Fairgrounds.

All entrants need to check in prior to the start of the race, 8:00 a.m. to 9:00 a.m.

All pre-registered entrants will receive a t-shirt.

Water stations will be located at the halfway point and the fairgrounds. Medical aid is available.

Strollers are welcome! Sorry, no roller skates/blades or bikes allowed in the race.

This event will proceed rain or shine!

Awards will be given to the first male and female winner in each age category for runners.

Recognition will also be given to the youngest and oldest participants.

## HVCH Wellness 5K Registration Form

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER / EMAIL ADDRESS

SEX (M/F)

AGE

DATE OF BIRTH

Circle T-shirt size:    **Small**    **Medium**    **Large**    **X-Large**    **XX-Large**

Fee: Pre-registration by June 29th, 2010: \$15.00 (per person).

Day of race registration: \$20.00 (per person).

You may pay by cash, check or credit card. Please make checks payable to HVCH, and return registration form with payment to:

HVCH Cardiovascular/Race

P.O. Box 966

Logan, OH. 43138



Name as it appears on card



Exp. Date and 3 digit security code from back of card

Card Number



Please read the following and sign below:

I know running is a potentially hazardous activity. I will not enter and walk or run in this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the walk or run. I assume all risks associated with running including, but not limited to: falls, weather conditions, contact with other participants, the effects of the road, paths, or traffic on the course, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release Hocking Valley Community Hospital, plus all other sponsors and event organizers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this race even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNATURE

(Must be signed by a parent or guardian if entrant is under 18)

DATE

Unsigned or illegible entries will be rejected.

Any questions? Please call 740-380-8219.