



10th Annual 5K SCrub Run Entry Form

In 2015, the first Scrub Run was inspired by Dr. Mark Johnson. He had recently passed away from a battle with pancreatic cancer. Dr. Johnson was a beloved doctor at GRHS and an overall inspiring person in our community. Proceeds of the 10th Annual Scrub Run will go to GRHS Hospice Programs to help enhance care for hospice & palliative care patients.

Saturday, June 8, 2024 at City Park | 9 am

Registration and Shirt Pick-up -

Friday, June 7 at Glenwood Chamber & Welcome Center 4 - 6 pm Saturday, June 8 at City Park – 8 - 8:45 am

5K Start: 9 am (The route begins and ends at the Lakeside Ballroom parking lot)

INDIVIDUAL RATE INCLUDES a T-SHIRT -or- ROCKER STYLE TANK TOP

Shirts are not guaranteed after May 27*. The rate increases \$5/person the day of the race.

Rate through Friday, June 9 \$25 for 16 and over \$20 for 15 and under

Total Amount Enclosed \$	
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Make checks payable to "GRHS". Drop off at the reception desk or mail a check with this completed form to: Glacial Ridge Health System, Attn: Scrub Run, 10 Fourth Avenue SE, Glenwood, MN 56334.

Or go to **glacialridge.org/scrubrun** to register online and get your race-day information.

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First Name		Last Name		_
Birthday (MM/DD/YYYY)		_ Age on Race Day	Gender	<u> </u>
Email				_
CIRCLE ONE: T-shirt			YOUTH: S M L XL	
or Rocker Tank Top Shirts are not guaranteed after May 27 *	LADIES: S M	L XL		
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Birthday (MM/DD/YYYY)		_ Age on Race Day	Gender	
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or Rocker Tank Top Shirts are not guaranteed after May 27 *	LADIES: S M	1 L XL		
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Order a Scrub Run T-shirt Only T-shirt (circle one) YOUTH: S M Order a Scrub Run Rocker Tan Racerback Tank (circle one) LADIES: Donation to Hospice \$	y by 5/27 - \$18 L ADULT: S k Top Only by S M L XL	8.00 each 5 M L XL 2XL 3XL 7 5/27 - \$18.00 ea	l Can't Pa But I Can (rticipate, ContriBute!
Donation to Funds For Heroes \$_		Total Amoun	t Enclosed \$	
WAIVER: I have submitted my entry for participati medically able and properly trained. I assume all risks participant; the effects of weather, including precipitation being known and appreciated by me.	associated with particip	ating in this event include, but	are not limited to: injury; falls; contact	with another
Having read this waiver and knowing these facts and waive and release the Glacial Ridge Health System, st in this event, though that liability may arise out of ne	aff, and all other sponso	rs and representatives from al	claims or liabilities of any kind arising	•
I permit my photograph or likeness to be used for any	legitimate purpose for	publicity, illustration, advertisi	ng, and web content.	
Adult 1 Signature			Date	Run for
Adult 2 Signature			Date	a Reason

Signature of parent/guardian for child(ren) under 18______ Date _____