

First Name _____ Last Name _____

Birthday (MM/DD/YYYY) _____ Age on Race Day _____ Gender _____

Email _____

CIRCLE ONE: T-shirt ADULT: S M L XL 2XL 3XL YOUTH: S M L XL

or Rocker Tank Top LADIES: S M L XL

Shirts are not guaranteed after May 27 *

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Order a Scrub Run T-shirt Only by 5/27 - \$18.00 each

T-shirt (circle one) YOUTH: S M L ADULT: S M L XL 2XL 3XL

Order a Scrub Run Rocker Tank Top Only by 5/27 - \$18.00 each

Racerback Tank (circle one) LADIES: S M L XL Shirts are not guaranteed after 5/27*

*I Can't Participate,
But I can Contribute!*

Donation to Hospice \$ _____

Donation to Funds For Heroes \$ _____

Total Amount Enclosed \$ _____

WAIVER: I have submitted my entry for participation in the 5K Scrub Run/Walk. I know that running is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with participating in this event include, but are not limited to: injury; falls; contact with another participant; the effects of weather, including precipitation, as well as extreme cold and hot temperatures; traffic, and the conditions of the road and trail; all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry into this race, I, for myself and anyone entitled to act on my behalf, waive and release the Glacial Ridge Health System, staff, and all other sponsors and representatives from all claims or liabilities of any kind arising out of my participation in this event, though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I permit my photograph or likeness to be used for any legitimate purpose for publicity, illustration, advertising, and web content.

Adult 1 Signature _____ Date _____

Adult 2 Signature _____ Date _____

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

