GLACIAL RIDGE HEALTH SYSTEM
heartfelt care®

11th Annual 5K Scrub Run Entry Form

Dr. Mark Johnson was the inspiration behind the 1st annual Scrub Run in 2015. Just over ten years later, we continue to encourage living a healthy lifestyle through movement and connecting with the community. Whether you walk, run, push a stroller, or get pulled by a dog, all fitness levels are welcome at the Scrub Run! Proceeds of the 11th Annual Scrub Run will go to GRHS Hospice Programs to help enhance care for hospice & palliative care patients.

Saturday, June 14, 2025 at City Park | 9 am

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

Shirts are not guaranteed after Monday, June 2**. The rate increases $5/person the day of the race.

Rate through Friday, June 13 **$30 for 16 and over @ _____**
$25 for 15 and under @ _____

Total Amount Enclosed $_____

Paper Registration:
Drop off or Mail this form and payment
Checks payable to "GRHS"
Glacial Ridge Health System, Attn: Scrub Run
10 Fourth Avenue SE, Glenwood, MN 56334

Online Registration:
Scan this QR code or visit glacialridge.org/scrubrun

Please Print Clearly. Add additional family members and waiver signature on the reverse side of the sheet.

First Name_____ Last Name_____

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

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 2XL 3XL

Shirts are not guaranteed after June 2**
****NOTE:** Shirts are subject to availability and may be substituted for a similar brand, style, or color. Thank you for understanding.

Phone _____ - _____ - _____ Email_____

Address_____

City_____ State_____ Zip_____

Emergency Contact _____ Phone _____ - _____ - _____

How I heard about the 2025 Scrub Run _____

Run for a Reason

Shirt Pick-up Friday, June 13 at Glenwood Chamber & Welcome Center 4 - 6 pm
Saturday, June 14 at City Park from 7:45 - 8:45 am

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 2XL 3XL

Shirts are not guaranteed after June 2**

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 2XL 3XL

Shirts are not guaranteed after June 2**

I Can't Participate, But I Can Contribute!

0K – Order a Scrub Run T-shirt Only by 6/02 - $20-$22* ea **$_____**

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

0K – Order a Scrub Run Rocker Tank Top Only by 6/02 - $20-22* ea **$_____**

Racerback Tank (circle one) LADIES: S M L XL 2XL* 3XL* Shirts are not guaranteed after June 2**

Donation to enhance **Hospice Programs $ _____**

Donation to **First Responders Mental Health $ _____** **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 _____

Run for a Reason