GLACIAL RIDGE HEALTH SYSTEM
heartfelt care®

5K Scrub Run Entry Form

Inspired by Dr. Mark Johnson to encourage everyone to get active and stay active.

Saturday, June 12, 2021 at City Park | 5K starts at 9 am

Registration and Shirt Pick-up –

Friday, June 11 at Glenwood Chamber & Welcome Center 4:00-6:30 pm
Saturday, June 12 at City Park – 7:45-8:30 am

5K Start: 9:00 am (The route begins and ends at the Lakeside Ballroom parking lot)

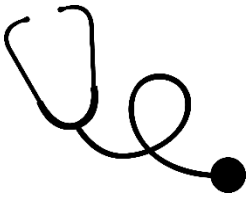
INDIVIDUAL RATE INCLUDES a T-SHIRT OR ROCKER STYLE TANK TOP (District Made brand)
Shirts are not guaranteed after June 4.

Through June 11 $20 for 13 and over, $15 for 12 and under
June 12 (same day) $25 for 13 and over, $20 for 12 and under

Total Amount Enclosed $_____

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

Please Note: Online registration is available. Go to **glacialridge.org/scrubrun** to register, and for important race-day information.



Please Print Clearly. Add additional family members 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 4

Phone _____ - _____ - _____ Email_____

Address_____

City_____ State_____ Zip_____

Emergency Contact _____ Phone _____ - _____ - _____
(Cannot be a participant in the race)

How I heard about the 2021 Scrub Run _____

continued on back

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 6/04

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 6/04

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 6/04

Order a Scrub Run T-shirt Only - $12.00 each (District Made Brand)

T-shirt (circle one) YOUTH: S M L ADULT: S M L XL 2XL 3XL Shirts are not guaranteed after 6/04

T-shirt (circle one) YOUTH: S M L ADULT: S M L XL 2XL 3XL Shirts are not guaranteed after 6/04

Order a Scrub Run Rocker Tank Top Only - $12.00 each (District Made Brand)

Racerback Tank (circle one) LADIES: S M L XL 2XL 3XL Shirts are not guaranteed after 6/04

Racerback Tank (circle one) LADIES: S M L XL 2XL 3XL Shirts are not guaranteed after 6/04

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 agree to abide by any decision of a race official relative to my ability to safely complete the run.
I understand that if I do not abide by that decision the consequences may include, but are not limited to, barring me from entry in future Scrub Run 5K races.
I assume all risks associated with participating in this event including, but not limited to: injury; falls; contact with other 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 an 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 ______________________

Go to glacialridge.org/scrubrun for more information.

Everyone is encouraged to run in scrubs.

Run for a Reason