

Saturday, May 30 – Mt. Zion, WV / Calhoun County Park / Race Time: 9:00 am
Packet Pickup/Registration: 8:00am to 8:45am

Minnie Hamilton Health System 5K Trail Run/Walk ENTRY FORM

RACE CONTACT: Shannon Wood (phone) 304-354-9731 (email) swood@mhhcc.com

\$20.00 pre-registration fee (first 30 registrants guaranteed a t-shirt) by 5/15/15 \$30.00 after 5/15/2015

Make checks payable to: Minnie Hamilton Health System – **MEMO – FOR MHHS 5K**

Mail form/payment to: Minnie Hamilton Health System, 186 Hospital Drive, Grantsville, WV 26147

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Email: _____

Emergency Contact Name: _____

Phone: (_____) _____

Age: _____ Date of Birth (mm/dd/yy): ____/____/____ Gender: __Male __Female

Age Division (check one): **RUN:** 14/under____ //15-19____ //20-29____ //30-39____ //40-49____ //50-59____ //60+____

WALK: All Ages ____

T-Shirt Size (check one): Small____ //Medium____ //Large____ //Extra-Large____

***T-shirts go to the first 30 registrants.**

WAIVER: I know that running an off road race is a potentially hazardous activity. I should not enter and run 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 assume all the risks associated with running in this event including, but not limited to: fall, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and other conditions of the road, 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, I, for myself and anyone entitled to act on my behalf, waive and release the Minnie Hamilton Health System and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission in this event to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. All forms must be signed. Incomplete or unsigned forms will not be accepted.

Signature _____

Date _____

Signature of parent/guardian if entrant is under 18:

Signature _____

Date _____