



## HCH Hospital Week 5K Registration Form

Please Note: All Entry Fees are Non-Refundable

Friday May 1: \$20.00

May 2-Race Day: \$25.00

Name \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size (please circle):      S      M      L      XL      XXL

Shirts will be available on race day to those that meet the May 1 deadline. If you register after that day, shirts will be available for pick up at the hospital within 2 weeks after the race.

*Additional shirts may be purchased for \$8.00.*

Age on May 8, 2010: \_\_\_\_\_ Gender: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Make checks payable to:

**HCH—Hospital Week 5K**

Mail to:

**Holton Community Hospital**

**Att:n: Hospital Week 5K**

**1110 Columbine**

**Holton, KS 66436**

### RACE APPLICATION WAIVER

I know that running/walking a road race 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 event. I assume all risks associated with the event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity; traffic and the 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 all governments, volunteers, sponsors and professionals associated with this event from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or other record of this event for any legitimate purpose.

\_\_\_\_\_  
Signature (Parent if under 18 years old)

\_\_\_\_\_  
Date