

# Pioneer Memorial Hospital & Health Services 5K and 3-mile Run/Walk

## Saturday, July 16, 2011

One registration form per person. Please print.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Age on day of race \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female

5k Run  3k Walk (remember – runners may walk as much as they want, but walkers may not run at all)

Location: Pioneer Memorial Hospital & Health Services  
315 N. Washington, Viborg, SD 57070  
(605)326-5161

Entry fee: \$15 – 5k Run \$10 – 3k Walk

Circle tee shirt size: ADULT S M L XL XXL

### Waiver and Release of Liability

I know that running in a road race is potentially hazardous activity. I attest that I am physically fit and prepared for this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running/walking in this event including but not limited to falls, contact with other participants, the effects of weather, traffic, and the conditions of the road race. I have read this waiver and knowing these facts I, for myself, and anyone entitled to act on my behalf, waive and release Pioneer Memorial Hospital & Health Services, the city of Viborg and all sponsors, supporters, their respective and successors from all claims of liabilities of any kind, existing out of my participation in this event. I assume payment for any or all emergencies of mine that may arise. I certify that I have read the above, and all information provided on this form is true and complete with my signature. I will abide by these guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Pioneer Memorial  
Hospital & Health Services

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