

Sheridan Community Hospital Springfest 5K Run/Walk

Date: May 23, 2015

Starting Time: 9:00 AM

Registration Time: 7:30—8:45AM

Pre-Register by: May 15, 2015 to Ensure T-shirt

Entry Fees:

- \$15.00 by May 15
- \$20.00 after May 15

Location:

**Sheridan Community Center
205 St. Clair St.
Sheridan, MI. 48884**

Contact:

Phone: 989.291.6234

Email: speabody@sheridanhospital.com

sheridan
community hospital
Homelike, personal care

Age Brackets:

14 and under, 15-18, 19-24, 25-29, 30-34,
35-39, 40-44, 45-49, 50-54, 55-59, 60-64,
65-69, over 70

Awards:

Top 3 in each age bracket—Medals

Top overall men & women—Plaque

Top masters (over 40) men & women—Plaque



Mail form and entry fee to:

**Sheridan Community Hospital
ATTN Steve Peabody
301 N Main St
Sheridan MI 48884**

Make checks payable to :

Sheridan Community Hospital

Memo: 5K

Name: _____

Street Address (Including Apartment) _____

Phone Number _____

Age on Race Day _____

☐

Male

☐

Female

☐

Runner

☐

Walker

Shirt Size:

☐

S

☐

M

☐

L

☐

XL

☐

XXL

I know that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official to my ability to safely complete the run/walk. I assume all risks associated with this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and condition of the road. All such being known and appreciated by me. Having read the waiver I for myself and anyone entitled to act on my behalf, wave and release Sheridan Community Hospital and The City of Sheridan from all claims liabilities of any kind arising out of my participation in this event.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT IF UNDER 18 YEARS OF AGE _____