

5K HEALTHY HEART HUSTLE

Saturday, July 18 • Race and walk begin at 8 am • Mercyhealth Burchard Hills, Freeport

Print name: _____

Date of birth: _____ Age: _____ Male or female (circle)

Address: _____

City/State: _____ Zip: _____

Phone: _____

Email: _____

Shirt size (circle): S M L XL (*shirts run large*) Youth: M L

Register by July 3 to receive a shirt.

Race (circle): 5K 1-mile Victory Lap

Entry fee: \$30 by July 3; \$40 after July 3
\$15 for youth 17 and under.

I cannot participate but would like to donate \$_____.

Acknowledgement, Authorization, and Waiver of Liability: By signing this form, I agree that I will not enter and participate in this run unless I believe I am medically able and in good health. If I have any questions or concerns about my ability to participate in this run, I will check with my physician before the run. In the event of a medical emergency while I am on site for the run, I authorize Mercyhealth to provide or call for first aid, medication, medical treatment, or any other care deemed necessary. To the extent permitted by law, I release, hold harmless, and waive any right to sue, Mercyhealth, its officers, employees, providers, agents, and affiliates for any and all losses, injuries, claims, damages, costs, and expenses including attorneys' fees, arising out of or connected with my participation in the Healthy Heart Hustle.

Signature of Runner (*or parent/guardian if runner is under age 18*)

Relationship to Runner, If applicable