



Memorial
Healthcare Foundation
Friends of Hospice



**Start and Finish is at
Memorial's main campus**

ENTRY FORM

Please print legibly and complete the entire entry form. More than one entry may be mailed together with the appropriate fees. Please make checks payable to Memorial Healthcare Foundation.

5K Run/Walk: ☐ \$35.00/Adult entry fee ☐ \$25.00/Age 15+ under entry fee ☐ \$100.00/Family entry fee

First & Last Name: _____

Age on Race Day: _____ Date of Birth: ____/____/____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ ZipCode: _____

Telephone: (____) ____ - _____ E-mail: _____

Registration begins at 9:00 a.m. Race begins at 10:00 a.m.

Please Check one event: ☐ 5K Run ☐ 5K Walk

Race Waiver: I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge Memorial Healthcare and all other supporting groups of this said racing event, together with all their officers, agents, officials and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. I further grant permission to this race and the organization conducting the race and/or agents authorized by them to use any photographs, video recordings and any other record of this event for any purpose. I also agree that all entry fees are non-refundable and that this entry is non-transferable. Thank you for participating.

Signature: _____ Date: _____

Parent/Guardian Signature, if under age 18: _____

Send completed entry forms to:



Memorial
Healthcare Foundation

1637 W. Main Street

Owosso, MI 48867

(989) 729-4675

MemorialHealthcareFoundation.org