



Flamingo RUN

Hospice of Guernsey, Inc.

4th Annual Memorial 5K RUN 5K & 1 Mile Walk

Saturday, July 29, 2017 at 8 am (Registration begins @ 7 am)
Location: Cambridge City Park, Pavilion #1 (corner of 8th and Edgeworth)
All proceeds benefit patient care

Entry Fee: (No Refunds) Pre-registration prior to July 10 guarantees t-shirt.
\$20.00 adult, \$15 children 12 and under. Registration on race day is \$25.00.

Last Name	First Name	Age(required)	Male or Female	
Address	City	State	Zip	Email
Phone #	Emergency Contact Name & Phone # (required)			

Shirt Sizes: Adult S M L XL XXL Kids S M L XL (circle)

Distance: ___5K run ___5K walk ___1 mile walk (not included in timing system)

Waiver:
The undersigned ("ATHLETE") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever release, waives, discharges and covenants not to sue any municipal agencies whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the Flamingo Run (collectively "RELEASES") from all liability to the Athlete and his/her personal representatives, assigns, heirs, and executors, for all loss(es) or damages(s) and any and all claims or demands therefore, on account of inquiry to the Athlete or property or resulting in the death of an Athlete, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connection with the Athlete's participation in the Flamingo Run. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Flamingo Run. The Athlete is fully aware of the risks and hazards inherent in participating in the Flamingo Run, and hereby elects to voluntarily compete in the Flamingo Run, knowing the risks associated with the Flamingo Run. The Athlete hereby assumes all risk of loss(es), damages(s), or injury(s) that may be sustained by him/her while participating in the Flamingo Run. The Athlete agrees to the use of his/her name and photographs in broadcasts, newspapers, brochures and other media WITHOUT ATHLETE permission or compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete hereby consents to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event.

Signature _____ Date _____

Guardian Signature (if under 18 years of age) _____ Date _____

Pre-registration: Mail form to address below by July 10, 2017
Make Checks payable to: Hospice of Guernsey, Inc.
Mail to: Hospice of Guernsey Inc. PO Box 1165 Cambridge, Ohio 43725

Early Race Packet Pick Up: July 26 and 27 at the Hospice Office from 9:30am to 4:30pm.

For info: Kathi Williams or Jenna Conaway 740-432-7440 or jenna@firewireinternet.com
I would like to make a tax deductible donation in the amount of \$ _____