



MONDAY, SEPTEMBER 5TH, 2016

7:00 A.M. REGISTRATION / 8:00 A.M. SHOTGUN START

**REGISTRATION: \$15 / UNDER 5: FREE
COMMEMORATIVE T-SHIRT: \$10.00 - AVAILABLE RACE DAY**

START & FINISH AT ESSEX HIGH SCHOOL

REGISTRATION FORM:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Sex _____ Age _____

2 MILE FUN RUN

Age: (circle one) 12 & under 13-18 19-29 30-39 40-49 50-59 60 and over

10 K RACE AGE

Age: (circle one) 12 & under 13-18 19-29 30-39 40-49 50-59 60 and over

Entry Fee: \$15.00 *Five & Under FREE* **Commemorative T-shirt:** \$10.00 (available race day)

Make Checks Payable To: Shenandoah Medical Center

Send Entries to: Terri Kruse
Shenandoah Medical Center
300 Pershing Avenue
Shenandoah, IA 51601

Questions? Terri Kruse
(712) 246-7220
tkruse@smchospital.com

WAIVER: In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors, and assigns for any and all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in such events. I also give permission for free use of my name and picture in any broadcast, telecast, or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own ability and do accept the restrictions. I also understand entry fees are non-refundable.

Signed: _____

Parent or Guardian if under 18

Date: _____



300 Pershing Avenue
Shenandoah, Iowa 51601
(712) 246-7400
www.smchospital.com 