

**Mayville Summerfest**

**5KFun Run/Walk OR Kid Friendly/Senior Route**

**Saturday July 25<sup>th</sup>, 2009**

**Check In: 7:15am**

**Start Time: 8:00am**

**Start/Finish: Union Hospital Cardiac Rehab Department**

**Entry Fee: Early Registration (Deadline July 22) \$10 Adult/\$5 Child to 10 years of age**

**Race Day Registration: \$15 Adult/\$10 Child to 10 years of age**

**ALL PROCEEDS TOWARDS CARDIAC REHAB/MOVE4LIFE PROGRAM**

**Union Hospital sponsoring Heart Healthy Treats following the event**

**Participation Gift; Medal awarded to top 5K male & female 39 & under and 40 & over; Drawings for Doorprizes**

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**ENTRY FORM**

First and last name \_\_\_\_\_ Age on race day \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact phone name and phone number \_\_\_\_\_

Please READ and SIGN the following **Waiver, Release and Agreement:**

In consideration of the acceptance of this entry, I, on behalf of myself, my executors, heirs, agents, administrators, successors and assigns, hereby waive, release, and forever discharge all organizers, race directors, sponsors, contributors, officials, vendors, and volunteers, and all other persons or entities involved with the Mayville Summerfest 5K Walk/Run or the Kid Friendly/Senior Route (the "Event"), including the city of Mayville, ND, and any and all other owners or governmental bodies of the premises/locations at which the Event or portions of the Event takes place from any and all claims, causes of action, damages, losses and liabilities of any kind which may arise out of, result from, or otherwise relate to my participation in the Event, including but not limited to any claims for personal injury, death or property damage, including claims based on negligence. I acknowledge that there are inherent dangers involved in participating in the Event, and I understand that I will be participating at my own risk. I further attest and certify that I am sufficiently healthy and physically fit to safely participate in the Event. I hereby grant the Event, and all persons and entities involved, the right, permission and authority to use my name, picture or video recording of me, in any publication or promotional materials, without compensation.

\_\_\_\_\_  
Signature (Parent or Legal Guardian for participants under 18)      Date

**Return completed entry form & entry fee to: Kathy Baldock\*Union Hospital\*42 6<sup>th</sup> Ave SE\*Mayville, ND 58257**