



**FALL INTO FITNESS WITH
MEDINA REGIONAL HOSPITAL
5K WALK/RUN**

**Wednesday, October 21, 2015
6:00 p.m.**

**Medina Regional Hospital
(Race begins and ends at the hospital, 3100 Ave E, Hondo)**

REGISTRATION FEES (NO REFUNDS)

\$15 PER INDIVIDUAL

\$75 PER TEAM OF 6 (\$12.50 PER PERSON)

REGISTER BY OCTOBER 7, 2015 TO GUARANTEE A T-SHIRT

Race day registration will be available, but t-shirts may not be available. Registration forms can also be found at www.medinahospital.net. Please return completed forms with payment to the Medina Regional Hospital front desk at 3100 Ave E, Hondo, TX 78861, between the hours of 8:00 a.m. to 5:00 p.m. Monday thru Friday. Costumes are optional. Awards will be given to top finishers and best costumes. Questions or concerns call 830-426-7486 or email jgomez@medinahospital.net To pay with credit card, please register online.

SHIRT SIZE: YS YM YL AS AM AL AXL AXXL AXXXL

TEAM NAME:

NAME	AGE	PHONE	SIZE	SIGNATURE	E-MAIL

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Medina Regional Hospital, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature _____ **Date** _____

Signature of Parent
(for minors) _____ **Date** _____