

Thursday, October 6, 2016

Holland High School

600 Van Raalte Ave. Holland, MI 49423

4:30 PM Check-In Opens

Performing Arts Center Lobby

6:00 PM 5K Run/Walk Begins



facebook.com/schoolnurse5k

Holland Hospital invites you and your student(s) to join our School Nurse 5K Run/Walk. This is a fun, noncompetitive family-oriented event! Students can enter for FREE by completing the activity training card envelope (postage paid) included with this registration form. Completed training card envelopes must be returned by September 18th to guarantee a shirt. Children 12 and under must be accompanied on the 5K route by an adult. This is not a closed route. (The fee is waived for an adult chaperone but will not receive a shirt. We can also arrange for a volunteer chaperone to accompany your child.)

If you want to participate as well, just fill out the Registration Form (below) and return with payment to:

Holland Hospital Fund Development
602 Michigan Ave.
Holland, MI 49423
or mail in with your child's completed training card envelope.

School Nurse 5K Run/Walk Registration Form

October 6, 2016 | 6:00 PM Holland High School

Please fill out a registration form for each runner.

Name
Address City/State Zip
Phone
Email School
Birthdate Gender: F M

Emergency Contact Emergency Phone

Shirt Size (circle one) Child: S M L Adult: S M L XL XXL

Fee: Community Member: \$15 | Student: \$10 Payment: Cash Check Credit Card
Credit Card # Expiration Date
Signature

Please return by Sept. 23rd to guarantee a shirt: Holland Hospital Fund Development 602 Michigan Ave., Holland, MI 49423. Or register online at hollandhospital.org. Type "School Nurse Run" in the search box (include the quotation marks).

Waiver and Release This waiver must be signed either by the runner (18 and older) or a parent.

I hereby acknowledge that I have registered to participate in a 5k race sponsored by Holland Hospital, the School Nurse 5k Run/Walk. This race will be held on or about October 6, 2016. I hereby state and agree as follows: 1) I know that running or walking in a road race is potentially hazardous, and that I should not participate in this race unless I am medically able and properly trained. 2) I assume all risks associated with running or walking in this event, including but not limited to injuries from falls, contact with other participants, and medical conditions caused by the weather, track or road conditions. 3) Having read this waiver, knowing the facts and in consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Holland Hospital, and all other sponsors, their representatives and agents, from all claims or liabilities of any kind arising out of my participation in this event. 4) I hereby grant permission to all of the foregoing to use any photography, motion pictures, recordings, or any other record of this event for any legitimate purposes. 5) I understand that the event director has the right to cancel this event in case of severe weather and that registration fees are nonrefundable and non-transferable.

Parent/Runner Signature