

ACMH 5K RUN/WALK 2017

This year, all proceeds support the purchase of a new Linear Accelerator to administer radiation cancer treatments at ACMH!

Date & Time

Saturday, May 6, 2017 at ACMH; Registration 7:30AM / Warmup 8:30AM / Start 9AM

Awards

Awards to top 3 male finishers, Awards to top 3 female finishers;
Awards to top 3 finishers in each age group (no duplicates).

General Information

Course is asphalt with gently rolling areas through residential community.
Miles of Smiles chip timing. Refreshments provided.
Registration at Runsignup.com, go to acmh.org and print off the application.
For more information contact
Jodi Beers at 724-543-8850 or beersj@acmh.org.

REGISTRATION

Name _____ Age ____ Sex ____ Birthday _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Email _____ School (if applicable) _____

T-Shirt Size (circle one): S M L XL XXL Register me to: Run ____ Walk ____

Pre-registration fee \$15 walker - \$20 runner (\$25 for applications received after April 24th)

Race T-shirts for applications received before April 24th

Register at runsignup.com or make check payable to/mail to: ACMH Foundation, 1 Nolte Drive, Kittanning, PA 16201

I hereby affirm that I have voluntarily elected to participate in the 5K Wellness Run / Walk and I further understand that I may be injured as a result of my participation in the Wellness Run/Walk and there may not be emergency or medical personnel on the course or readily available to me.

As a condition of my participation in the ACMH Wellness Run/Walk, I release ACMH Foundation, ACMH Hospital, and/or their administrators, directors, and agents, and any land owner, volunteer or other organization or person participating in the walk from any claims or liability that may arise as a result of participation in the Run / Walk. I further agree that I will not sue or make claims against any of those released parties as a result of my participation in the Run / Walk and will indemnify and hold the released parties harmless from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in the Run / Walk. I attest that the person I am registering for this event is physically able to participate in this event.

I have read this release and by signing below I certify that I intend to be legally bound by its terms.

Signature _____ Date _____

Parent or Legal Guardian's signature _____ Date _____
(if entrant is under 18 years of age)