

# LaSalle General Hospital Wellness Center

## Fall 5K/10K Run & 1K Fun Run/Walk Information

Date: **Saturday, November 17, 2012**

Registration Fee: \$25.00

Race Location: LaSalle General Hospital Medical Office Building

Check in: 5K/10K Run – Check in starts at 7:00 am, Run starts at 8:00 am  
1K Fun – Run/Walk Any Ages starts at 8:30 am (free)

Prizes: 5K/10K, Overall Male and Female – 1<sup>st</sup> place \$150, 2<sup>nd</sup> place \$100, 3<sup>rd</sup> place \$75  
Small prizes will be given to Run/Walk participants 12 and under

5K/10K Race Categories:

Male and Female, age groups 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70+

### AFTER THE RACE: CHECK OUT OUR HEALTHFAIR

5K/10K Run & 1K Fun Run/Walk Entry Form

(Please complete and submit a separate entry form for each person)

T-Shirt Size: Adult \_\_\_\_\_ Child \_\_\_\_\_

Name: \_\_\_\_\_ AGE \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Night \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Waiver:** I am aware that participating in a road race is potentially hazardous. I will not enter, run or walk in the event referred to in this entry form unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my safely completing the Run. I assume all risks associated with participating in this event, including but not limited, to falls, contact with other participants, the effects of the weather, traffic and road conditions, all such risks being known and acknowledged by me. Having read this waiver and knowing these facts and in consideration of my entry being accepted, I, for myself, and anyone entitled to act on behalf, waive and release the race officials, all volunteers, LaSalle General Hospital, and the event sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, television, or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Parent/Guardian (if under 18): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Make Checks Payable to:

LaSalle General Hospital

Please memo: Fall Healthfair

Mail Registration form and check to: Race Director

LaSalle General Hospital

P.O. Box 2780

Jena, Louisiana 71342