



Decatur County Hospital
Donate Life
5K Fun Run & Walk
April 1, 2017
8:30 am

Join Decatur County Hospital in a fun run & walk to bring awareness to Donate Life month. The day will start with a flag raising at 8 am, with a presentation to follow. The fun run will begin at 8:30. The route will follow the Little River Recreation trail, and a shorter route will be available for those that wish to take advantage of it. Participants are asked to check in at DCH by 7:45 am. Light breakfast refreshments will be provided after the race in the DCH parking lot. If inclement weather arises, the flag raising, presentation and breakfast will still be held.

PLEASE COMPLETE THE FOLLOWING REGISTRATION FORM AND MAIL IT WITH A CHECK PAYABLE TO:

Decatur County Hospital
C/O Jo Beth Smith
1405 NW Church Street
Leon, IA 50144

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH mm/dd/yy ____/____/____ SEX (CIRCLE ONE) M F

T-SHIRT SIZE (CIRCLE ONE) YS YM S M L XL XXL (add \$1.50)

T-shirts are \$15 each

*****PLEASE NOTE*** NO SHIRT IS GUARANTEED FOR ENTRIES RECEIVED AFTER March 17th.**

PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW

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 assume all risks associated with running in this event, including but no 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, all such risks being known and unknown appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the fun run and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Decatur County Hospital, the city of Leon, and all 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.

Signature (parent or guardian required if under 18) _____

Date _____

Questions? Call Jo Beth Smith at 641-446-2222