

STRIVE Wellness Run

4-Mile Run Registration Form | Aug. 16, 2014

Last name _____ First name _____ Sex (M) (F)

Birth date (month/day/year) ____/____/____ Age (on Aug. 16) ____

Street address (include apartment number and/or c/o) _____

City _____ State _____ Zip code _____

Phone number (area code first) ____/____/____

Email address _____

Dry-Fit T-shirt size: Small _____ Medium _____ Large _____ X-large _____

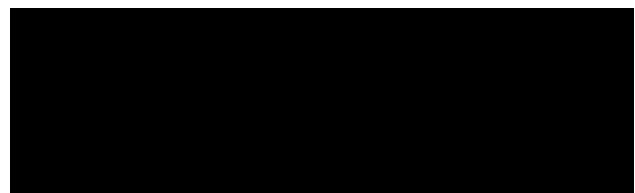
Waiver: I understand that running a road race is a potentially dangerous activity. I do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this event against the Owatonna Hospital, part of Allina Health; Owatonna Rotary; Steele County Free Fair; Owatonna High School; and all employees, volunteers or officials of these organizations. I further certify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the race, I require medical attention, I hereby give consent to authorize medical personnel on site to provide such medical care as deemed necessary.

I have read the foregoing and certify my agreement by my signature below:

Signature: _____
(parent or guardian must sign if participant is under 18 years of age)

PRINT OUT THIS FORM AND MAIL IT WITH \$25.00 Entry Fee by Monday, August 11th to:

STRIVE Wellness 4-Mile Run
Owatonna Hospital
2250 NW 26th Street
Owatonna, MN 55060



Make check payable to: Owatonna Rotary

Register online at: www.active.com

Race Website: www.strivewellnessrun.webstarts.com

Sponsored by:

