

Rio Grande



HOSPITAL
& CLINICS

a non-profit organization

2nd Annual Shake, Rattle & Run 5K/10K RUN/1 MILE WALK

Event begins and ends in the parking lot near the Rio Grande Hospital Clinic . This event is for everyone regardless of ability, age or size. Come on out and join us in promoting a healthy lifestyle and have fun!

8:00 AM Race Time

- Registration:** Begins at 7:00 a.m. on the west side of the clinic
- Entry Fee:** \$20.00 if received by July 1st. \$25.00 on race day for 5K and Walk \$30.00 for 10K if registered by July 1st and \$35.00 after that and on race day.
Teams of 5 or more will receive a discount of \$5.00 per participant only if you pre- register.
- Pre-Registration:** Please make checks payable to Rio Grande Hospital and mail the to DeeAnn Sierra 310C County Rd. 14 Del Norte, CO 81132
- 5K Run:** Half trail and half road. Parts of the course are challenging uphill
- 10K Run:** Trail and road- Parts of the course are challenging uphill
- 1 Mile Walk:** Course is marked out around the hospital and clinics
- Divisions:** 10 & under M/F 11-19 M/F; 20-29 M/F; 30-39 M/ F 40-49 M/F; 50+ M/F
- Prizes Run Only:** \$100 gift card to 8200 Sports in South Fork for overall Male/Female. Medals to top three finishers in each division. Top 2 finishers for the walk will receive ribbons.
- Other:** All participants will receive a T-shirt and will be offered a light, healthy snack after the race.

All proceeds go to Rio Grande Hospital's Simply Health Wellness team and will be used for wellness opportunities and race improvements each year!

Name: _____ Sex: _____
(Last) (First)

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Shirt Size: _____ Age: _____ 5K _____ 10K _____ Walker _____

Email (optional): _____

Participating as a team of 5 or more? Team Name: _____

PLEASE READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the SHAKE, RATTLE & RUN 5K/10K Fun Run/1 Mile Walk, the undersigned acknowledges, appreciates, and agrees that: the risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and, I am the parent or legal guardian of the Event participant. I am of legal age and am freely signing this agreement on behalf of the Event participant. I have read this form and understand that by signing this form, I am giving up legal rights and remedies on behalf of myself, the Event participant and his/her family, estate, heirs, and/or assigns." I HEREBY RELEASE AND HOLD HARMLESS Rio Grande Hospital, their officers, officials, agents and/ or employees, other participants, sponsoring agencies