

2018 Scrub Shirt Classic

**Race Day:
September 29**

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Registration Form

Children 12 and under- \$10

Participants 13 years & Over- \$15

Participants receive a Race Day Shirt

Name _____

Email Address _____

Age on Race Day _____

Gender: M F

Circle One: 5K Runner 5k Walker 1-Mile Loop

Shirt Size: Adult XS S M L XL Youth XS S M L XL

The 2018 Scrub Shirt 5k is offered as part of the PMC Wellness Initiatives. We are excited to be growing service areas that offer you more tools to manage your health. Join our Blazin Trails Program and get your annual wellness exam and you will receive monthly health tips. PMC also offers a variety of health screenings from 3D Mammography, to Bone Density, to various cancer screenings, and new this summer PMC now has a Diabetes Coach. For more information about these programs call 970-878-4014.

Total Amount \$ _____.

Please make check payable to Pioneers Medical Center

Other ways to Register

- Online at www.pioneershospital.org
- Call 970-878-9770
- At Meeker Drugs on FRIDAY SEPTEMBER 28th from 3:00 to 5:30pm

Intending to be legally bound, I hereby certify that my training and health are adequate for me to safely compete in a 5,000 meter foot race and I hereby waive any claims for damage that I might suffer in the Scrub Shirt Classic Race. I hereby authorize Pioneers Medical Center and those acting on its behalf to record my photograph, image, likeness, and/or voice on a photographic, video, audio, digital, electronic or any other medium. That they may use, reproduce, modify, exhibit, and/or distribute any such recording in any medium for any purpose that Pioneers Medical Center may deem appropriate, including promotional or advertising efforts with no compensation to me and use my name in connection with any such recordings or uses. I understand that I have no right to inspect or approve any such recordings and uses and that they shall remain the property of Pioneers Medical Center. I release Pioneers Medical Center and those acting on its behalf from liability for any violation of personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand this release.

Signature: _____ Date: _____

Parent or Legal Guardian (if under 18): _____

**RACE DAY REGISTRATION—7:45am—8:30am—COURTHOUSE PAVILION
RACE BEGINS AT 9:00am!**

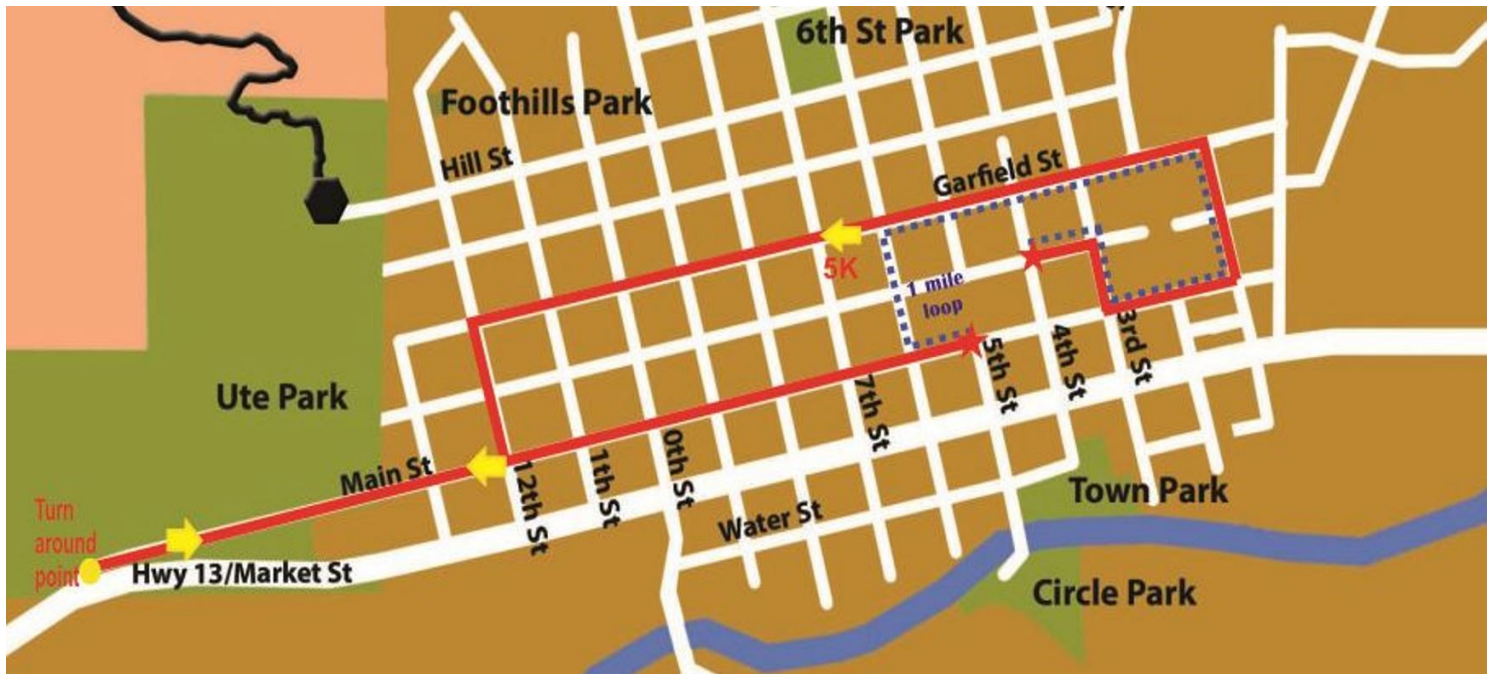
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Race Route

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RACE STARTS at 9:00am!

BE SURE TO CHECK OUT THE NEW COURSE!!



personalized
families healthcare
healing
promote 2018 ^{care} serve
Wellness
respect prevent
choice integrity
health
empower

