



# Focus on Fitness 5k Walk/Run

Saturday, July 14, 2018

Race begins at 8 a.m. by the Bathing Beach Park  
Registration 6:30 a.m. - 7:45 a.m. in the American Legion Hall

In conjunction with the Harbor Beach Maritime Festival

15th Annual - 2018 Sponsored by:

**Harbor Beach Community Hospital**

Supported by: Student Health Center

**Pre-registration is required for t-shirt, deadline to sign-up is Tuesday, July 3rd for t-shirt.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Walker Release and Indemnification:**

Sex:  Male  Female Age: \_\_\_\_\_ Male and Female Divisions

***Chip timing using the new Jaguar Chip System by Miller Race Management***

***Make Checks payable to: Harbor Beach Community Hospital Address: 210 South First Street, Harbor Beach, MI 48441***

**Check the appropriate age division: with shirt**

**\$15 Registration Fee before July 3rd, \$20 after July 3rd**

- 5-9 years old       15 - 17 years old  
 10-14 years old

**Registration Fee: with NO Shirt**

**\$10 Registration Fee before July 3rd, \$15 after July 3rd**

- 5-9 years old       15 - 17 years old  
 10-14 years old

**Check the appropriate age division: with shirt**

**\$20 Registration Fee before July 3rd, \$25 after July 3rd**

- 18-30 years old       51- 60 years old  
 31-40 years old       61 + years old  
 41-50 years old

**Registration Fee: with NO Shirt**

**\$15 Registration Fee before July 3rd, \$20 after July 3rd**

- 18-30 years old       51- 60 years old  
 31-40 years old       61 + years old  
 41-50 years old

**Circle T-Shirt Size: Youth: M L Shirts are moisture wicking (dry fit) 100% polyester, not cotton  
Adult: S M L XL XXL (add \$3 for XXL)**

**Participants who pre-register by Tuesday, July 3rd, will receive their t-shirts on race day. Participants who register on race day or after July 3rd cannot be guaranteed a t-shirt, will receive shirts as supplies last.**

The Focus on Fitness 5k Walk/Run involves walking/running - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic, and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Focus on Fitness activities.

It is my responsibility to dress appropriately. Although rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself and heirs, executors and administrators, not to sue and to release, indemnify and hold harmless HBCH, its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

**Please print name of participant** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Thank you for your participation in our Focus on Fitness 2018 - 5k Walk/Run!**

***Make checks payable to: Harbor Beach Community Hospital***