BLUE HILL MEMORIAL HOSPITAL

FUNRUN

Blue Hill Memorial Hospital

EMHS MEMBER

SATURDAY, AUGUST 3, 2013 • REGISTRATION: 7 AM • 1 MILE WALK: 8:00 AM • 5K FUN RUN: 8:30 AM

NAME _____ **COMPANY** *(if applicable)* _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

GENDER ❑ Male ❑ Female **AGE** _____

T-SHIRT SIZE: ❑ Adult Small ❑ Adult Medium ❑ Adult Large ❑ Adult XL ❑ Adult XXL ❑ Youth Small ❑ Youth Medium ❑ Youth Large
(T-shirts are free to the first 25 preregistered entrants!)

FAMILY MEMBER NAME(S) *(if applicable. Limit of one additional t-shirt.)*

1. **NAME** _____ **AGE** _____
T-SHIRT SIZE: ❑ Adult Small ❑ Adult Medium ❑ Adult Large ❑ Adult XL ❑ Adult XXL ❑ Youth Small ❑ Youth Medium ❑ Youth Large

2. **NAME** _____ **AGE** _____

3. **NAME** _____ **AGE** _____

4. **NAME** _____ **AGE** _____

5. **NAME** _____ **AGE** _____

Mandatory Waiver (must be signed by all adult participants): I know that participating in fitness programs and running a road race are potentially hazardous activities. I should not participate in fitness programs and/or run unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the 5K and 1- mile course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event, including but not limited to falls, contact with other participants, the effect of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge EMHS, Blue Hill Memorial Hospital, YMCA, Town of Blue Hill, Blue Hill Police, race officials, volunteers, any and all sponsors, including their agents, employees, assigns or anyone acting on their behalf, from any and all claims of death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in the training programs, race, or walk. This release and waiver extends to all claims of every kind or nature whatsoever, whatsoever, foreseen or unforeseen, known or unknown.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF GUARDIAN *(for participants less than 18 years of age):* _____

One-Mile Walk is free; suggested donation for the 5K Run is $15/person and $25/family or team. Gifts will benefit Blue Hill Memorial Hospital's wellness programs. Please make checks payable to Blue Hill Memorial Hospital and note "Fun Run" in the memo section.

Send your check and this form to: **Blue Hill YMCA, PO Box 575, Blue Hill, ME 04614**

For office use only: Date Received: _____ | Payment: Amount $ _____ ❑ Cash ❑ Check #_____ | # T-Shirts _____

TOGETHER We're Stronger