



WHITE MOUNTAIN REGIONAL MEDICAL CENTER

Round Valley Fun Run Entry Form Friday, July 3, 2009

One mile Walk/Run / 5K Run / 10K Run

Registration & Fees: Pre-registration via this form must be postmarked by Wednesday, July 1, 2009. Pre-registration fee includes t-shirt. T-shirts to race-day registrants will be provided as supplies last. Race day registration at White Mountain Regional Medical Center is from 6:00 to 6:30 a.m.

<u>Event</u>	<u>Pre-registration fee</u>	<u>Post registration fee</u>
1 Mile Fun Walk/Run	\$ 10	\$ 15
5K Run	\$ 20	\$ 25
10K Run	\$ 20	\$ 25

Last Name	First Name	Date of Birth	Age	Sex M/F	Event 1 Mile 5K 10K	t-shirt size (*)	Event Fee
					TOTAL		

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

*shirt sizes: Child (sm – med – lrg) Adult (sm – med – lrg – xlr) shirts 2X – 4X \$3.00 extra

**Checks payable: White Mountain Regional Medical Center
Mail registration form and check to WMRMC, 118 South Mountain Avenue, Springerville, AZ 85938**

More information on the reverse side
All entrants 18 and over must sign the waiver/release form.



Location: All races will start and finish at White Mountain Regional Medical Center.

Schedule: 5K and 10K run will leave White Mountain Regional Medical Center's parking lot at 7:00 a.m. followed by the 1 mile Fun walk/run at 7:15 a.m.

Awards: Awards in 5K and 10K will be presented to the first three overall male and female in the following age groups: 19 & under, 20-29, 30-39, 40-49, 50-59 and 60 & over. An 5K and 10K over-all award will be presented to the person with the best time.

Results: Timed results will be posted on WMRMCs website www.wmrmc.com.

Amenities: Awards, water stations along the course for 5K and 10K, refreshments will be served after the race.

Waiver and Release: I know that running a road race is a potentially hazardous activity. I should not enter, run or walk unless I am medically able and properly trained. I also know that there may be traffic and possible weather related hazards on the course and assume risk for running/walking in these possible conditions. I also assume any and all other risks associated with running/walking and attending the race including but not limited to falls, contact with other participants, the affects of the weather and the conditions of the course, all such risks being known and appreciated by me. Knowing these facts, and in consideration of you 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 White Mountain Regional Medical Center from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever, foreseen or unforeseen, known or unknown. I grant permission to use any photographs of me and my name for any and all race purposes. I HAVE READ AND UNDERSTAND THIS WAIVER:

Entrant, parent or guardian _____ Date: _____