SATURDAY, MAY 2

8th ANNUAL

LAKE REGIONAL HEALTH SYSTEM
FUN RUN/WALK

Benefitting Cardiac Rehab

Registration: 7 a.m.
Lake Regional Hospital, Lot B

5K Run begins at 8 a.m.
Walk begins immediately after runners start.

Timed Run/Walk: $30
Fun Run/Walk: $25
Fee includes a tech shirt.

Pancake Breakfast
Free to run/walk participants

Make checks payable to:
Lake Regional Hospital Fund Development
54 Hospital Drive
Osage Beach, MO 65065

For more information, call 573-302-2282.

Register online at lakeregional.com/events.

101.9 THE WAVE

Columbia College
LAKE OF THE OZARKS

Lake Media

LAKE REGIONAL®
HEALTH SYSTEM

Registration Form

Name: _____

Address: _____

_____

C/S/Z: _____

Phone: _____ Email: _____

Age at race day: _____ Male: _____ Female: _____

5K Run: _____ Walk: _____

T-shirt size (unisex): S____   M____   L____   XL____   2XL____
Shirt guaranteed to participants registered by April 15.   3XL____   4XL____   Youth L____

I know that running is a potentially hazardous activity. I should not enter or run in this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls; contact with other participants; the effects of weather, including high heat and/or humidity; the conditions of the road and traffic on the course — all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of Lake Regional Health System's acceptance of my applications, I, for myself and anyone entitled to act on my behalf, waive and release the Fun Run/Walk and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Furthermore, I acknowledge this event may be canceled because of inclement weather, and all fees are nonrefundable.

_____   _____
Signature   Date

_____   _____
Parent's Signature (if under 18)   Date