

Splint & Sprint 5K and 1-mile Fun Run/Walk

Saturday, May 9, 2009, 10 a.m.

The Splint & Sprint benefits the Lower Umpqua Hospital Foundation, a nonprofit organization which supports the maintenance and future of the health system in western Douglas, southwestern Lane, and northwestern Coos Counties.

One registration form per person. Please print.

Name _____ Phone _____

Address _____ Age on race day _____

City _____ State _____ Zip _____

male female 5K run 5K walk 1-mile untimed run/walk

Location: Lower Umpqua Hospital, 600 Ranch Rd., Reedsport, along city streets.

Route map available at www.lowerumpquahospital.org

Entry fee: \$15 with shirt _____ (check size below) \$5 without shirt _____

Circle size ADULT S M L XL XXL / CHILD S(6-8) M(10-12) L(14-16)

Send form and fee, checks payable to **Lower Umpqua Hospital**, to Delaine Humphreys, Lower Hospital, 600 Ranch Rd. Reedsport, OR 97467 by **May 1 if ordering a shirt**. Race day registration 9-9:45 a.m. Shirts may be ordered on race day for later pick up. For more information, call (541) 271-9700.

Waiver and Release of Liability

I know that running in a road race is a potentially hazardous activity. I attest that I am physically fit and prepared for this event. 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/jaywalking in this event including but not limited to falls, contact with other participants, the effects of weather, traffic, and the conditions of the road. I have read this waiver, and knowing these facts, I, for myself, and anyone entitled to act on my behalf, waive and release Douglas County, the City of Reedsport, and Lower Umpqua Hospital, and all sponsors, supporters, their representatives and successors from all claims of liabilities of any kind, existing out of my participation in this event. I assume payment for any or all emergencies of mine that may arise. I certify that I have read the above, and all information provided on this form is true and complete with my signature. I will abide by these guidelines.

Signature _____ date _____

Parent signature if under 18 _____ date _____



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