



## Spring into Health 5K

Saturday, May 12<sup>th</sup> 2012, 8:30 am start Rain or Shine

### This is a Fun Event

The idea is to be outdoors, active and having fun! All participants will be timed and we encourage people of all ages and abilities to get out and run, jog, walk, stroll or roll.

### Where?

The 5K will start on the Townshend Common. Participants will take a left onto Grafton Road ( Route 35) to a clearly marked turn around water station. Then return on a gently downward incline to the Townshend Common, passing through the timer at the end. Healthy snacks and more water will be available in the finish area.

Please note that the 5K takes place on an active road. A Windham County Sheriff car will be at either end of the course, but good sense and caution are a must!

Participants are encouraged to park at Leland & Gray High School.

### Cost?

\$15.00 for adults and \$10.00 for those aged 13 years and under. This includes a cool, technical (not cotton!) t-shirt that will be available on race day for the first 150 participants who sign up – so sign up soon!

### Registration

All participants **MUST** complete a registration form **and** waiver. Looking forward to seeing **YOU** at this special event!

**Spring Into Health 5K Registration Form**  
**8:30am May 12, 2012**  
**Begins at the Townshend Common**

Reproduce this form as needed, one per participant.

#Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact's Phone \_\_\_\_\_

Registration Fee: \$15 for adults; \$10 for 13 and under.

Checks payable to **Grace Cottage Foundation** and mail to **P.O. Box 1, Townshend, VT 05353,**  
**by May 5, 2011**

Credit Card  VISA  MC

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name of Cardholder (as it appears on the card)

(  ) Check T-shirt (available to 1<sup>st</sup> 150 who sign up) size  S  M  L  XL

**Acknowledgment of Spring Into Health – 5K Run Participant Responsibility,  
Express Assumption of Risk, and Release of Liability**

I understand that I may be exposed to a variety of hazards and risks, foreseen and unforeseen, during my participation in the Spring Into Health – 5K Run in Townshend, VT on Saturday, May 12, 2012. These risks are inherent in any 5K run, and cannot be eliminated without destroying the unique character of such an event. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death from exposure to the hazards of running on paved and dirt roads. I know that injury and damage can occur by natural causes or activities of other persons, animals, participants or organizers, either as a result of negligence or because of other reasons. The undersigned hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the Spring Into Health – 5K Run.

To the fullest extent allowed by law, I agree to Waive, Discharge Claims, and Release from Liability Grace Cottage Hospital, its officers, directors, employees, agents and race volunteers from any and all liability on account of, in any way resulting from injuries and damages, even if caused by negligence of Grace Cottage Hospital, its officers, directors, employees, agents, and race volunteers. I further agree to Hold Harmless Grace Cottage Hospital, its officers, directors, employees, agents and volunteers from any claims, damages, injuries or losses caused by my own negligence while a participant in the Spring Into Health – 5K Run. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on the Spring Into Health – 5K Run.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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If you are under age 18, your parent or legal guardian must sign this agreement on your behalf.

*I hereby agree and consent to the above Agreement on behalf of:*

Name of Minor: \_\_\_\_\_

Age of Minor: \_\_\_\_\_

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

