

Join us for the 21st Annual Hills & Dales General Hospital 5K/8K Run, 5K Walk & Toddler Trot!

Saturday, July 1, 2017

Registration: 6:30 - 7:30 a.m.

Toddler Trot: 7:30 - 7:50 a.m.

5K & 8K Run/5K Walk: 8:00 a.m.

Location: Start/Finish at Hills & Dales Medical Arts Bldg., 6190 Hospital Drive Cass City, MI 48726

Course: A moderately hilly course within the village of Cass City. Water stations available on 5K & 8K routes. Snacks & cold water available following the race and during awards ceremony.

Divisions: Toddler Trot (everyone gets a medal), 8-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

Trophies/Awards: 5K Walk, 5K Run, 8K Run overall male/female and masters male/female winners. Trophies and medals for top three places in each age/sex division. Participants must complete the full course on their own to qualify for an award. All participants receive free passes to our Cass City fitness facility. Raffle drawings for other prizes too!

T-shirts: T-shirts given to all participants who pre-register before June 16, 2017. After the June 16 deadline, we will still record your size but a t-shirt **will not be guaranteed**. They will be on a first come, first serve basis on the morning of the event.

The Toddler Trot: For kids 8 years & younger, the course is 1/2 mile long around the hospital. The race will start at 7:30 a.m. & must be completed by 7:50 a.m. Parents are welcome to run with kids. There will be crossing guards.

REGISTRATION:

\$10 for Toddler Trot \$20 for 5K/8K Run & 5K Walk Pre-Registered \$25 day of race

To register online visit www.hdghrehab.com.

A link will be provided to our active.com event, where you can quickly & securely register.

You can mail your registration & payment to:

Hills & Dales General Hospital

Attn: Danielle Blaine, 5K/8K & Toddler Trot Race

4675 Hill Street Cass City, MI 48726

 Cut this portion and return with payment

Name: _____

Male Female Age on Race Day

Address: _____

5K Walk 5K Run 8K Run

City: _____

Toddler Trot

State: _____ **Zip Code:** _____

Check is enclosed
Please make checks payable to Hills & Dales General Hospital

Birthday: _____

Cash is enclosed

Phone Number: _____

In consideration of participation in either the 5K/8K Run, 5K Walk, or Toddler Trot (must sign for child), I am aware that it can be a potentially hazardous activity. I, for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Hills & Dales General Hospital, and all sponsors for any and all injuries suffered by me associated with this Run/Walk, including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I also state that I am in proper physical condition to participate in my respective event. Further, I hereby grant full permission to any and all foregoing to use any photographs, videotapes or any other record of this event for any legitimate purpose.

E-mail Address: _____

T-shirt Size: 2T 3T 4T 5/6T 7T

YS YM YL S M L XL 2XL

(please circle, T is for toddler & Y is for youth)

Signature Date

Office Use Only: Date Received _____

Parent/Guardian if under 18 years of age Date

Hills & Dales General Hospital

4675 Hill Street

Cass City, MI 48726

**Hills & Dales General Hospital's
21st Annual**

5K Run 5K Walk 8K Run

and Toddler Trot!

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Cass City, Michigan

www.hdghrehab.com