

# NURSES WEEK 2017 COLOR RUN/WALK

## SATURDAY, MAY 6TH

**REGISTRATION: 7:30 A.M. | RACE STARTS: 8:00 A.M.**

<b>PLEASE PRINT LEGIBLY</b>					
If more than one family member is registering, please attach 2 <sup>nd</sup> sheet with name(s) and shirt size(s)					
FIRST NAME		LAST NAME			
DATE OF BIRTH		RACE DAY AGE			
ADDRESS					
CITY		STATE		ZIP	
EMAIL		PHONE			

<b>PAYMENT</b>			
\$25/PER RUNNING PARTICIPANT   \$15/T-SHIRT ONLY			
CIRCLE PAYMENT METHOD	CASH	CHECK	<b>MAKE CHECKS PAYABLE TO BRMC FOUNDATION</b> REGISTRATIONS RECEIVED AFTER APRIL 21 <sup>ST</sup> WILL RECEIVE A COUPON TO PICK UP THE T-SHIRT AFTER RACE DAY.

CIRCLE SHIRT SIZE	SMALL	MEDIUM	LARGE	XL	XXL	XXXL
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----- **RELEASE** -----

I acknowledge that my participation in the Nurses Week Color Run involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge BRMC and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5k run and walk. If I am an employee of BRMC, I acknowledge that my participation in the Color Run is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

PARTICIPANT SIGNATURE		DATE	
GUARDIAN SIGNATURE (UNDER 18)		DATE	

## ALL PROCEEDS BENEFIT



<p><b>PLEASE MAIL, FAX OR EMAIL YOUR COMPLETED REGISTRATION TO:</b></p> <p>Baxter Regional Medical Center          ATTN: Vicky Roland          624 Hospital Drive          Mountain Home, AR 72653          Fax: (870) 508-1998          vroland@baxterregional.org</p>
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