



MEMORIAL HEALTH CARE SYSTEM

2011 Family 5k Fest

SEPTEMBER 25

5k at 10 a.m. • Entry Fee \$15
Registration starts at 8:30 a.m.
at the Memorial Hospital
Herbert-Perna Center
for Physical Health

AWARDS

1st place overall female & male. 1st place female & male in each age group.

15-19	25-29	35-39	45-49	55-59	65-69
20-24	30-34	40-44	50-54	60-64	70 & up

Name: _____ Age: _____ Sex: M F Shirt Size: XS S M L XL

Address: _____ City: _____ State: _____ Zip: _____

MAIL ENTRIES TO: Memorial Hospital • Allyson Hoops • 715 S. Taft Avenue • Fremont, OH 43420 • Make checks payable to Memorial Hospital

In consideration of the acceptance of my entry in the Family Fest 5K Run, I do hereby for myself, my heirs, my executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, against Memorial Health Care System, all of the sponsors, and any other persons connected with this event, individually or collectively, from all responsibilities for any injury to person or property during this event on September 25, 2011.

Signature: _____

Guardian Signature (If under 18): _____

Visit memorialhcs.org/family-fest2011 for more information,
or contact Allyson Hoops, MHCS Certified Athletic Trainer at 419.334.6630.

MEMORIAL
HOSPITAL
MEMORIAL HEALTH CARE SYSTEM