Registration Form

RUNNING FOOLS 5K

Mt. Grant General Hospital

Mt. Grant General Hospital is pleased to present the annual Wellness Committee 5k. This year the race begins on April 1st, 2022 at 4:00pm. The course is attached to this form. There is a complimentary BBQ to follow the race. Feel free to run, walk, or crawl the 5k. Leashed companions welcome.

Return registration forms to

1. Hunter Bolanos [hunterm@mgghnv.org](mailto:hunterm@mgghnv.org)
2. Mail to PO Box 1510, Hawthorne, NV 89415 ATTN: Hunter Bolanos

The cost of participation is $25.00 (includes shirt\*)

Pre-registration & payment is due by March 11th, 2022.

Please make checks payable to Mt. Grant General Hospital

(Cash will be accepted, please make arrangements with Hunter Bolanos 775-945-2461x.270)

Physical forms can be dropped at of the MGGH Screening Station

Or at the Business Office Annex (Bldg 8)

Email forms to [hunterm@mgghnv.org](mailto:hunterm@mgghnv.org) or fax to 775-945-2359

\*pre-registration is guaranteed a T-Shirt, other registering the day of the race will get a shirt on a first come first served basis as supplies last.

First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on Race Day: \_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T Shirt Size (circle one): S M L XL XXL XXXL (No shirt for me)

By signing this document I acknowledge that Mt. Grant General Hospital is not responsible for any injury/loss of property/liabilities that may happen during the course of the 5K. I am participating in a 5K at my own risk. I understand and agree to adhere to all the of the social distancing regulation and gathering restrictions and will not 1. Run the 5k in a large crowd of people living outside of my home 2. Show up to the 5k when I am feeling ill or have any symptoms of COVID-19. 3. Will wear a mask and practice social distancing when arriving and leaving the MGGH Property.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Child participant (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_