

**REGISTER ONLINE AT HUMBOLDTHOSPITAL.ORG**

# HCMH FOUNDATION 5K GLOWRUN



**7:30PM AT BICKNELL PARK  
CHECK-IN AT 6PM**

# SATURDAY, OCTOBER 6<sup>TH</sup>

**ALL ENTRANTS WILL RECEIVE A T-SHIRT AND GLOW BATON!  
FREE FACE PAINTING AND KIDS ACTIVITIES! GLOW GEAR AVAILABLE FOR PURCHASE!**

**EARLY REGISTRATION NOW - SEPT. 23<sup>RD</sup>**

(cash only, while supplies last)

**\$30 14 & OVER ----- \$15 13 & UNDER**

**GENERAL REGISTRATION SEPT. 24<sup>TH</sup> - OCT. 6<sup>TH</sup>**

**\$35 14 & OVER ----- \$20 13 & UNDER**

Mail entries & checks payable to:  
HCMH Foundation  
1000 N. 15th Street  
Humboldt, IA 50548  
Questions? Call 515-332-4200

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NAME(S)/FAMILY NAME/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADULT T-SHIRT SIZE(S):  SMALL  MEDIUM  LARGE  X-LARGE  XX-LARGE (ADD \$2)  
 XXX-LARGE (ADD \$4)

YOUTH T-SHIRT SIZE(S):  SMALL  MEDIUM  LARGE **TOTAL: ADULT \_\_\_\_\_ YOUTH \_\_\_\_\_**

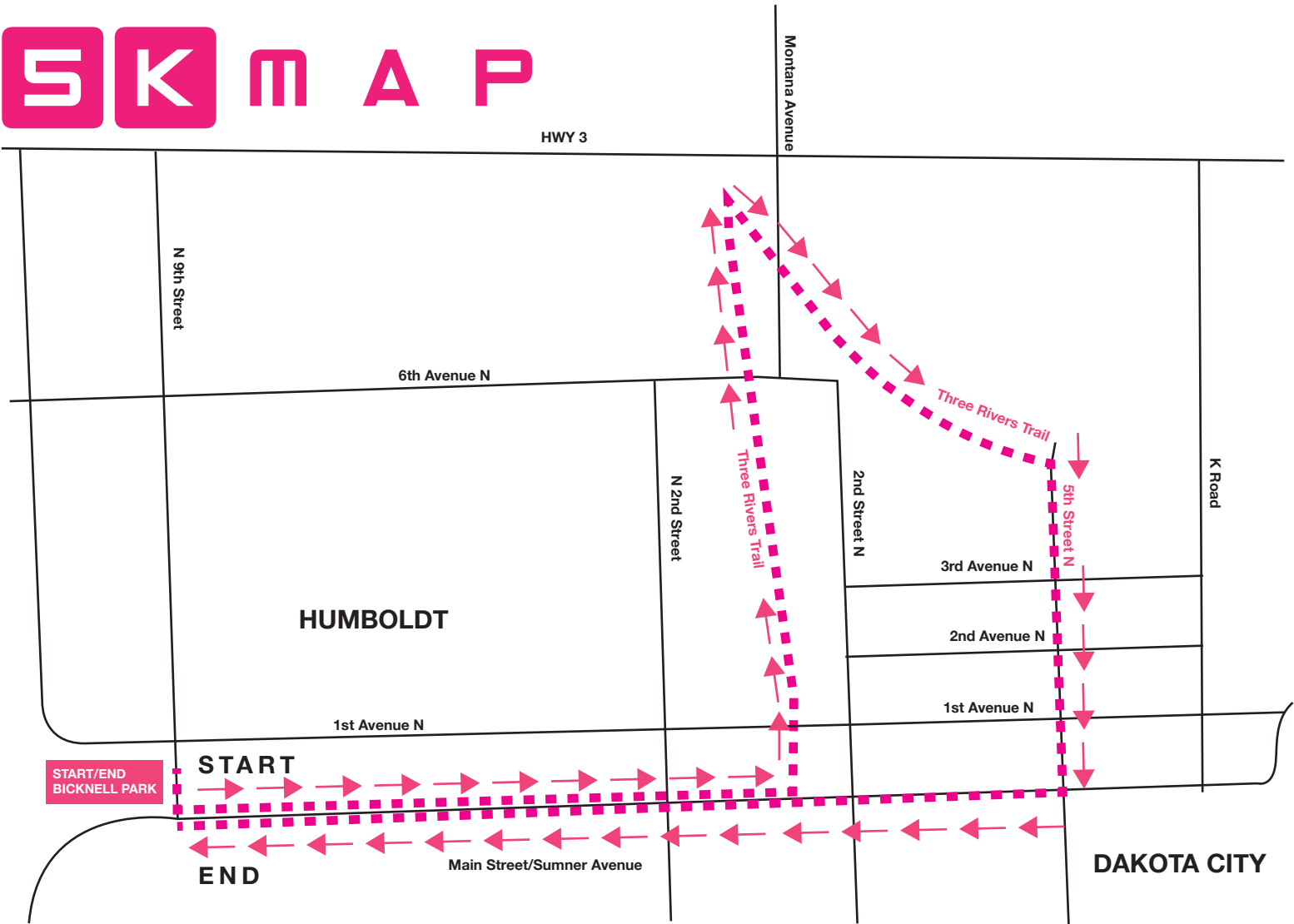
Photographic Release and Waiver

**PAYMENT: \$ \_\_\_\_\_**

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the HCMH Foundation 5K Glow Run, the city of Humboldt and Dakota City, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

# SKMAP



**REGISTRATION/PACKET PICK-UP  
& ACTIVITIES AT 6PM!  
STARTS AT 7:30PM!**

**PRIZE FOR  
BEST DRESSED  
ADULT & CHILD!**

**ALL PROCEEDS GO TO THE**



to support breast cancer awareness through actions that support, inspire and empower patients, survivors and co-survivors throughout their journey here at HCMH.



Questions? Call 515-332-4200

