



Stamford Memorial Hospital
 2ND ANNUAL
 Family Friendly 5K
 SweetHeart Fun Run/Walk
 February 18th @ 9AM



PROCEEDS BENEFIT CARDIAC REHAB

REGISTER AT STAMFORD MEMORIAL HOSPITAL S.E. PARKING LOT @ 8:30 a.m.
 MAIL IN ENTRY FORMS TO CHERYL HERTEL PO BOX 911 STAMFORD TX 79553

Last Name _____ First Name _____ Gender M or F
 Age as of Race Date: ____ Phone # _____ E-Mail _____
 EMERGENCY CONTACT & PHONE #: _____

Check one: Runner ___ or Walker ___

RUN/WALK IN HONOR OR IN MEMORY OF SOMEONE.
IN HONOR OR MEMORY (PLEASE CIRCLE) OF _____.

*Free Red Scarf for Registering and a "Know your numbers" pocket pal.

**IF RECEIVED BY 2/13/12 – REGISTRATION FEE: ___\$15 INDIVIDUAL

*Registration Fee: \$20.00 ___ Individual (On date of race)

\$50.00 ___ Family special (2 adult/2 kids)

One Form Per Person Please



Please make checks payable to **Stamford Memorial Hospital.**

Waiver (must be signed with entry): I understand that participating in a road race is a potentially dangerous activity. I assume all risks associated with participation in this event including, but not limited to falls, contact with other participants, the effects of weather and the conditions of the roads, all such risks being known to me. I hereby forever release all claims for damages or any other loss which may arise or result from my participation in the Sweet Heart Fun Run 5K & the City of Stamford. I attest to be in good physical condition to participate in this event. I hereby grant full permission to use my name & any photographs, or other record of this event for any purpose.

By signing below, I accept & understand the terms of the waiver/release.

Signature of participant: **X** _____

Date

Parent/Guardian if under 18: _____

Date

OFFICE USE ONLY

BIB # _____ **PAID BY CASH OR CHECK #** _____ **Initials** _____