

# NCH Heart-One Cardiac Rehab 5K Run and One Mile Fitness Walk

L.F. Addington Gym, Wise, VA

**10/14/2017**

Registration begins 8:00 A.M.

Race 9:00 A.M.

Official race shirt is guaranteed to all preregistered runners. Remaining runners will receive a shirt as supply lasts.

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<b>Pre-registration:</b> \$25.00 (ends 10/7/2017) \$23.00 (SFTC)	<b>Regular</b>	\$30.00 all runners
	<b>Registration:</b>	

SFTC King & Queen race: SFTC members receive preregistration discount

**Make checks payable to:** Mountain States Rehab

**Mail this form to:**

Mountain States Rehab  
1490 Park Avenue Ste. 1  
Norton, VA 24273

NCH/DCH Team Challenge for employees of Norton Community Hospital and Dickenson Community Hospital ONLY. Teams will consist of 5 members. Entry forms for all team members must be submitted together.

Headphones are permitted on the course | Strollers are permitted on the course

For more info contact Steve Childers (276) 439-1452	<b>NCH Heart-One Cardiac Rehab 5K Male &amp; Female Awards:</b> <hr/> Overall (top 3) Top Masters Top GrandMasters Top Sen.GrMasters  Age Groups (top 3) ...10, 11-13, 14-16, 17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-79, 80+
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## **NCH Heart-One Cardiac Rehab 5K Run and One Mile Fitness Walk**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON RACEDAY \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RACE DAY EMERGENCY CONTACT (NAME AND PHONE) \_\_\_\_\_

TEAM NAME \_\_\_\_\_

\*\*\* **CIRCLE SHIRT SIZE:** SM, MD, LG, XL,

IN CONSIDERATION FOR ACCEPTING MY ENTRY IN THIS RACE, I FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE FOREVER ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZERS AND SPONSORS OF THIS EVENT. I ALSO RELEASE THE ABOVE NAMED FOR ALL CLAIMS OF DAMAGE DEMANDS, AND ACTIONS IN ANY MANNER DUE TO ANY PERSONAL INJURIES, PROPERTY DAMAGE, OR DEATH SUSTAINED AS A RESULT OF MY TRAVELING TO AND FROM AND MY PARTICIPATION IN SAID RACE. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPETITION OF THIS EVENT. IN FILLING OUT THIS FORM, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND MY OWN LIABILITY AND ABILITY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (Parent signature if under the age of 18)

This entry form was generated with the SFTC Calendar Utility at [www.runtricity.org](http://www.runtricity.org)