



**GRAND LAKE™**  
H E A L T H S Y S T E M

## **Landen's 5K— For SIDS Awareness**

**Date:** Saturday — May 7, 2016  
**Time:** Run/Walk at 9:00 am  
 (Registration 8:00 am at the first shelter house)  
**Location:** East Bank Road , St. Marys, Ohio



*A Grand Lake Health System "Road to Fitness" Event!*

### **Pre-Registration Form**

**Name** \_\_\_\_\_ **Age day of event** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Male or Female (Circle)**  
**City, State, ZIP** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Runner \$25, Walker \$20 (Runners will be chip timed via the Lima Run and Jog Club)**

**T-shirt size** \_\_\_\_\_ **T-shirt provided with pre-registration due by April 22 (Adult sizes: S - 4LX)**

**Make check payable and mail with the pre-registration form to:**

JTD Hospital Foundation  
 200 St. Clair Street  
 St. Marys, Ohio 45885  
 Phone:419-394-3387 ext. 3567

**Or pay with**  **Visa**  **MasterCard**  **Amex**  **Discover**

**Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ / \_\_\_\_\_ **Code** \_\_\_\_\_

I hereby release and discharge the Grand Lake Health System, JTD Hospital Foundation, The Lima Run and Jog Club, Event Sponsors and their representatives or agents, from any liability for injuries or illness which may be directly or indirectly result from the participation in this event. I attest that I am physically fit and have sufficiently trained for this race.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_