



GRAND LAKE™  
HEALTH SYSTEM

**Landen's 5K— For SIDS Awareness**

**Date:** Saturday —May 5, 2018  
**Time:** Run/Walk at 9:00 am  
(Registration 8:00 am at the first shelter house)  
**Location:** East Bank Road , St. Marys, Ohio



**Online Registration available at [www.cantstoprunning.com](http://www.cantstoprunning.com)**  
*A Grand Lake Health System "Road to Fitness" Event!*

**Pre-Registration Form**

**INDIVIDUAL Runner/Walker** - Runner (chip timed) \$25, Walker \$20 Amount \$ \_\_\_\_\_

Name: \_\_\_\_\_ Age day of event \_\_\_\_\_

Address: \_\_\_\_\_ Male or Female (Circle)

City, State, ZIP: \_\_\_\_\_ Phone \_\_\_\_\_

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

T-shirt size: \_\_\_\_\_ T-shirt provided with pre-registration due by April 20 (Adult sizes: S - 4XL)  
\_\_\_\_\_ Children sizes available through preorder due by April 20 (Youth sizes S-M-L)

**TEAM ENTRY** - \$20per adult entry (includes shirt, chip timing and raffle prize eligibility); \$10/ student entry  
T-shirt provided with pre-registration, due by April 20 (Adult sizes S - 4XL; Youth sizes: S - M - L)  
**If runner is a student**, indicate Grade by "E" Elementary, "M"– Middle School, "H" High School.

**NAME OF SCHOOL:** \_\_\_\_\_ **Phone Contact:** \_\_\_\_\_

#1 Runner _____	Age _____	Male/Female _____	Grade _____	Shirt size _____
#2 Runner _____	Age _____	Male/Female _____	Grade _____	Shirt Size _____
#3 Runner _____	Age _____	Male/Female _____	Grade _____	Shirt Size _____
#4 Runner _____	Age _____	Male/Female _____	Grade _____	Shirt Size _____
#5 Runner _____	Age _____	Male/Female _____	Grade _____	Shirt Size _____

**Make check payable and mail with the pre-registration form to:**  
JTD Hospital Foundation, 200 St. Clair Street, St. Marys, Ohio 45885

Or pay with  Visa  MasterCard  Amex  Discover

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

I hereby release and discharge the Grand Lake Health System, JTD Hospital Foundation, Can't Stop Running, 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:** \_\_\_\_\_