

Hospital Hustle Family Fun Haunted 5K Run & 5K Walk

Saturday, October 26, 2019 @ Riverside Park in Fort Morgan, Colorado

Proceeds benefit the Fort Morgan Community Hospital Association (501c3)

<u>Event Details</u>: Legend holds that an Evil River Witch hides on this trail waiting to take revenge on Fort Morgan townsfolk and unsuspecting runners.

Run or Walk at your own risk - In Costume if you Dare!

Registration: www.fortmorganhospital.com & use the "Hospital Hustle" tab to register & pay or

Race Day Registration 8:30 - 9:30 am @ Riverside Park Shelter D by Skate Rink

5K Race/Walk begins @ 10 am.

Registration on or before October 18th is \$35; Registration on October 19th and after is \$40.

Make checks payable to: Fort Morgan Community Hospital Association or FMCHA.

Categories: 13 & under, 14-19, 20-29, 30-39, 40-49, 50-59 and 60+

Awards given to the top three women and men in each age category for 5K Run

For more information contact: Loren Boyett, FMCHA Executive Director @ 970-590-5921

Register @ www. fortmorganhospital.com (OR) send this form and payment to:

Fort Morgan Community Hospital Association; c/o Loren Boyett; 1000 Lincoln Street, Suite 204; Fort Morgan, CO 80701

Registration Form for 2019 Hospital Hustle:

	Name:				
	Address:				
	Email:				
	Cell Phone:				
	Age on Race Day:	-			
	MaleFemale				
	Event: 5K Race 5K Walk				
	Shirt Size: WOMENXSSmallMedium	LargeXLXXXXX			
	Shirt Size: MENSmallMediumLarge	XLXX XXX			
Bring your cheering section with you. This is a Family Fun Event.					

Please submit a separate registration for each family run/walk participant who will receive an event T-shirt:

Kids (13 and under) with T-shirt \$20.00 registration fee

Kids (13 and under) with no T-shirt do not require registration. Entry is free.

Please sign the included Release Form.

Release form is a required for participation in this event.



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Release Form

Activity: Hospital Hustle 5K Run & 5K Walk 2019

Date: Saturday, October 26, 2019

I, the undersigned, acknowledge that participation in the above activity involves inherent risks of physical injury, illness or loss of personal property. I hereby agree to assume and take on myself all risks and responsibilities in any way associated with this activity.

I further agree that for the sole consideration of Colorado Plains Medical Center and the Fort Morgan Community Hospital Association allowing me to participate in this activity for which or in connection with which the hospital has sponsored or made available any transportation, equipment, facilities, grounds or personnel for such programs or activities or to me while participating in any such activities, I hereby release and forever discharge Colorado Plains Medical Center, the Fort Morgan Community Hospital Association, its members individually, and its officers, agents and employees from any and all claims, demands, rights and causes of action whatsoever arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damage to property, and the consequences thereof, resulting from my participation in or growing out of or connected with such activities.

Signature:			
Printed Name:	 	 	
Date:			