



3rd Annual Run/Walk

A Breast Cancer Awareness Event

10K run, 5K run/walk, 1.5 mile walk

NEW THIS YEAR Chip timing for all participants

All funds raised will support the Welch Cancer Center Project at Sheridan Memorial Hospital.

When: Saturday, October 22, 2011
 Registration begins at 9 am
 Run/Walk at 10 am

Where: Whitney Commons, 326 West Alger, Sheridan, Wyoming

Attire: PINK, PINK, PINK

Fees: \$30 Registration includes T-shirt and a **Pink Snack Sack** for participant
 Early registration due: Monday, October 17, 2011
 Registration fee after October 17: \$40

*Bag Pick-up
 Friday, Oct. 21, 2:30-7
 Hospital Cafeteria*

Due to the large number of participants, please leave your pets at home.

Name: _____

Mailing Address: _____ **City/State/Zip:** _____

Telephone: _____ **E-mail Address:** _____

Age: ___ **Male** ___ **Female** ___ **Unisex Tech T-shirt Size:** XS ___ Sm ___ Md ___ Lg ___ XL ___ 2X ___ 3X ___

10K RUN _____ **5K RUN/WALK** _____ **1.5 mile WALK** _____

Walking in Memory or Honor of _____

Make checks payable to:
 SMH Foundation
 ATTN: The Link-Partners in Pink
 PO Box 391
 Sheridan, WY 82801

Bill my credit card: VISA MASTERCARD
 Name of Cardholder _____
 Credit Card # _____
 Expiration date _____ Authorization code _____

Further details & course map posted on SMH website: www.sheridanhospital.org, or contact the SMH Foundation at 307-673-2418.

Liability waiver--PLEASE READ AND SIGN BELOW in consideration of the acceptance of my entry, I, the undersigned participant, for myself, my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge, and hold harmless event sponsors, Sheridan County, officers, directors, employees, volunteers, Sheridan Memorial Hospital, Sheridan Memorial Hospital Foundation, Whitney Foundation and lessors from any and all liability, prior to, during and post any competitive race event. I understand there is a certain element of risk and potential hazards to body and limb and even death, and that I am voluntarily participating in the event. I certify and represent by my application, verbal or written, for entry that my physical condition is adequate to compete safely and I attest and verify that I am physically fit and sufficiently trained for this event. I authorize and consent to any recognized publication, whether by videotape, film, newsprint, written advertisement or otherwise, of any materials containing my name or picture, and I release any sponsors and all persons acting under authority from any claims I might have due to initial or subsequent publication of any such materials or photographs. I hereby certify that I have fully read and understand the foregoing release, waiver and sign it knowingly, willingly, and voluntarily.

Signature: _____ **Date:** _____

Signature of Parent if under 18: _____

Thanks to our Event Sponsor

**Little Goose Ranch
 and the Meredith Family**

