

# *Harrison County Hospital Foundation Diabetes Awareness 5 K Glow Run/Walk*

Friday, April 10, 2015  
Hayswood Park, Corydon, IN

Registration 7 pm, Walk 8 pm  
Sky Lantern Lift Off 9 pm

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Phone \_\_\_\_\_  
Home Cell

\_\_\_\_\_ Enclosed is my Pre- Registration fee of \$20.00 (before April 1)  
Please indicate shirt size S M L XL XXL XXXL

\_\_\_\_\_ I will Register AFTER April 1 or at the event with a fee of \$25.00

- Registration includes T- shirt and Glow Bracelet.
- **Families pay no more than \$75.00**, no matter how many in your immediate family (includes 4 T-shirts and 4 Glow Bracelets)
- Food, drinks, T-shirts, and Sky Lanterns will be available for purchase
- Each participant is asked to bring a flashlight

#### Waiver of release

I hereby for myself, my heirs, executors, administrators, personal representatives, successors, and assigns, waive, and release any and all rights, claims and actions I have or may have against all persons and sponsors and associates promoting, volunteering, and/or staging the Harrison County Hospital Foundation Diabetes Awareness 5 K Glow Run/Walk on April 10, 2015. I attest and verify that I have full knowledge of the risks involved in this and that I am physically fit and sufficiently trained to participate. I also grant full permission to any and all of the foregoing to use my likeness for publicity/promotional purposes without obligation or liability to me.

\_\_\_\_\_  
Participant (or Guardian) signature

Return form to: Sheryl Voelker  
Harrison County Hospital Foundation  
1141 Hospital Drive NW  
Corydon, IN 47112

For information - 812-738-8762 or [www.hchin.org](http://www.hchin.org) (click on *Our Foundation*)