LaSalle General Hospital Wellness Center Ready, Set, Fit Health Fair 5K Run & 1K Fun Run/Walk Information

Date:	Saturday, July 9, 201	1 Course	e: Scenie	c Loop through Trout/Goodpine	
Registration:	5K Pre-Registration (post marked by June 27, 2011) \$20 (shirt included)				
	5K Race Day Registration \$25 (shirt and size not guaranteed)				
Race Location:	Race Location: LaSalle General Hospital Wellness Center, 212 Ninth Street, Jena, Louisiana				
Check in:	5K Run – Check in starts at 7:00 am, Run starts at 8:00 am 1K Fun – Check-in starts at 8:30 am, Run/Walk starts at 9:00 am				
Prizes:	5k, Overall Male and Female – 1 st place \$100, 2 nd place \$75, 3 rd place \$50 Small prizes will be given to Run/Walk participants 12 and under				
5K Race Categories: Male and Female, age groups 13-19, 20-29,		19, 20-29, 30-39,	40-49, 50-59, 60-69, and 70+		
1K Fun Run/Walk Any Age – No Charge Children 12 and under must hav and under must be accompanie		and under must have	re an adult in attendance at the Health Fair. Children 6 d by an adult during the walk		
After the Race: Join us at the Wellness center for Refreshments & Door Prizes, and check out what our Fitness Center has to offer.					
For more information, please call Monty Smith at 318-992-9200.					
5K Run & 1K Fun Run/Walk Entry Form					
(Please complete and submit a separate entry form for each person)					
\$20.00 pre-registration 5K (ends June 27)\$25.00 race day registration 5K					
No Charge for the 1K fun run/walk					
Category: 5K	` ,	Male Female		20-29	
1K	(.6 mile)	12 or under	Over 12		
	Adult S		□ Adult X □ Child X		
Name:					
Address:					
City, State, Zip:					
Phone:					
E-Mail:					
Waiver: In consideration of the acceptance of my entry, I hereby waive, discharge and release on behalf of myself, my heirs, executors, assigns and any party claiming by or through me, all claims of any nature whether to my person, my property, known or unknown, including but not limited to damages, demands, actions, suits, whatsoever in any manner, arising from my participation in this event, and do hereby specifically release LaSalle General Hospital, its agents, servants, board, volunteers and Ready, Set, Fit coordinators, volunteers, sponsors, workers, officials from any claims whatsoever arising from participation in this event. I agree to abide by all rules for participation and acknowledge that I am physically fit and have sufficiently trained for such an event and have full knowledge of the risks involved and expressly assume all risk(s) in connection with my participation.					
Signature:					
Parent/Guardian (if under 18):					
Emergency Contact:					
Make Checks Payable to: LaSalle General Hospital Please memo "Ready, Set, Fit run" Mail Registration form and check to: Mail Registration form and check to:				Race Director LaSalle General Hospital P.O. Box 2780 Jena Louisiana 71342	