

presented by Casinos of Winnipeg

commit to get fit



Register to run or walk at the Wellness Institute at 1075 Leila Avenue, by fax at 204-697-2412 OR online at wellnessinstitute.ca.

Sunday, June 4 • 9:00am start

10K Run • 5K Walk/Run

An MRA Race Series Event



NOTE: Registration is non-refundable and non-transferable.

Name _____

Address _____

City _____ Postal Code _____

Phone (h) _____ (w) _____

Email _____ Age on Run Date _____ Gender: M F

Race Length (Circle): 5K walk/run 10K run **Price (Circle):** \$25 \$20 (MRA Members) \$15 (kids 14 & under)

For Early Bird Registrants Only. Register on or before April 30, 2017 to qualify for a free t-shirt:

Preferred T-shirt Size (Circle): Adult's: S M L XL XXL **Kid's: S M L**

(Circle): Master Card Visa Card # _____ Exp _____

Cardholder's Signature _____

MRA # (for MRA rate) _____ Check if staff of Seven Oaks General Hospital:

Yes, I would like to receive Wellness Updates emails which may include news about programs, services and promotions at the Wellness Institute at Seven Oaks General Hospital. I understand that I can unsubscribe at any time.

WAIVER & RELEASE

I acknowledge that by participating in a road race/run/walk, I am participating in a physical event; that there may be adverse weather conditions; and that there may be vehicles on the course and at intersections.

Nevertheless, I wish to participate and assume any and all risks associated with this event including but not limited to falls, contact with other participants, volunteers or members of the public, the effect of the weather including high heat, high humidity, or precipitation, the road conditions and contact with motorized or other vehicles, all such risks being known and appreciated by me.

Knowing these facts, in consideration of your accepting my entry into this event, I hereby for myself and for anyone else who may claim on my behalf, agree not to sue, and waive, release and discharge and hold harmless all persons participating in the operation of this event including but without limitation the Wellness Institute at Seven Oaks General Hospital, the Manitoba Runners' Association, Asics, the City of Winnipeg and any and all other organizers, sponsors, and participating organizations, their personnel whether volunteer or otherwise, their respective officers and employees, and anyone acting on their behalf (the Releasees) from any and all claims, demands, causes of action, damages, injuries, whether caused by the negligence of the Releasees, or by any other cause, which may arise as a result or out of my participation in this event or travelling to or from this event. I attest that I am in proper physical condition, medically able and properly trained to participate in this event and am aware that participation could, in some circumstances, result in physical injury. I consent to medical treatment if I am injured or ill during the event.

I allow the Wellness Institute at Seven Oaks General Hospital and the Manitoba Runners' Association to use my personal information which shall be limited to my name, gender, age and race time to be used for final results and confirmation of entry that will be posted on each of its respective websites. I also give my permission for the free use of my name, voice and picture in any broadcast, advertising, promotion or other account of the event.

As part of this waiver and release, I acknowledge that I have read and understood all of the above.

Signature _____ Date _____

(Must be signed by parent/guardian if registrant is under 18 years of age)

Emergency Contact _____ Phone _____

Office Use (POS/Bib) _____