

12th Annual  
Lake Regional  
**FUN  
RUN  
WALK**



**SATURDAY, MAY 4**

Benefiting Lake Regional Cardiac Rehab

## REGISTRATION FORM

Email: \_\_\_\_\_

Run:  Walk:  Age: \_\_\_\_\_ Male:  Female:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-shirt size (unisex): S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ 2XL\_\_\_

*Shirt guaranteed to participants  
registered by Monday, April 15.*

3XL\_\_\_ 4XL\_\_\_ Youth L\_\_\_

**Registration: 7 a.m.**

Lake Regional Hospital, Lot A

**5K Run begins at 8 a.m.**

Walk begins immediately after runners start.

**\$30 fee** includes chip timing  
and a tech t-shirt.

**Pancake Breakfast**

A \$5 pancake breakfast will be served at the  
event. Breakfast is free to paid participants.

Make checks payable to:

**Lake Regional Hospital  
Fund Development**

54 Hospital Drive  
Osage Beach, MO 65065

For more information,  
call 573-348-8222.

**Register online at**  
**[lakeregional.com/FunRun](http://lakeregional.com/FunRun)**.



I know that running is a potentially hazardous activity. I should not enter or run in this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls; contact with other participants; the effects of weather, including high heat and/or humidity; the conditions of the road and traffic on the course — all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of Lake Regional Health System's acceptance of my applications, I, for myself and anyone entitled to act on my behalf, waive and release the Fun Run/Walk and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Furthermore, I acknowledge this event may be canceled because of inclement weather, and all fees are nonrefundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if under 18)

\_\_\_\_\_  
Date