



**Date**

Saturday, May 12, 2012

**Time**

Registration 7:30AM - Warmup 8:30AM - Start 9AM

**Location**

Start and finish at ACMH Hospital, Kittanning, PA

**Awards**

Awards to top 3 male finishers, Awards to top 3 female finishers; Awards to top 3 finishers in each age group (no duplications).

**General**

Race / Walk start and finish at ACMH Hospital. Course is asphalt with gently rolling areas through residential community.

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**Registration Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Shirt Size \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_ School \_\_\_\_\_

Register me to: Run \_\_\_\_\_ Walk \_\_\_\_\_

**Race Shirt Sizes:**

Adult: Small - Medium - Large - X-Large - XX-Large  
 (circle one)

**T-shirts distributed on First Come - First Serve**

Pre-registration fee \$5.00 walker - \$10.00 runner for applications received before April 20th

Late registration fee \$15.00 for 5K runners only

Make checks payable to: ACMH Foundation

Mail to: ACMH Foundation, One Nolte Drive, Kittanning, PA 16201

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Address \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby affirm that I have voluntarily elected to participate in the 5K Wellness Run / Walk and I further understand that I may be injured as a result of my participation in the Wellness Run / Walk and there may not be emergency or medical personnel on the course or readily available to me. As a condition of my participation in the ACMH Wellness Run / Walk, I release ACMH Foundation, ACMH Hospital, and/or their administrators, directors, and agents, and any land owner, volunteer or other organization or person participating in the walk from any claims or liability that may arise as a result of participation in the Run / Walk. I further agree that I will not sue or make claims against any of those released parties as a result of my participation in the Run / Walk and will indemnify and hold the released parties harmless from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in the Run / Walk. I attest that the person I am registering for this event is physically able to participate in this event. I have read this release and by signing below I certify that I intend to be legally bound by its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (If entrant is under 18 years of age)



For information, call the ACMH Foundation at 724-543-8850 or beersj@acmh.org.  
 You may also visit acmh.org and click on the ACMH Foundation link to register on-line.