

Event

Saturday, June 4, 2016 Start at Lake Harriet Band Shell 4135 W Lake Harriet Parkway Minneapolis MN 55419

<u>Time</u>

8:00am Registration & T-shirt pickup 9:00 am 10K Starts 9:05 am 5K Starts Walk starts immediately after

Registration Information

5K\$3010K\$35Walking 5K\$30Children (12 & Under)\$20



Sponsor Page on the back of this form for TRUST Parish Nursing. Have your friends sponsor you! Join TEAM TRUST!

Send completed registration with payment to: Walker Methodist Foundation 3737 Bryant Ave South

3737 Bryant Ave South Minneapolis MN 55409

Or register online at <u>www.walkermethodist.org/foundation/foundation-events</u>. Or register day of race at the Bandshell.

If you are registering by mail or online, go to www.trustinc.org and pick up an additional sponsor form. Raise money for TRUST Parish Nursing!

REGISTRATION FORM – 2016 Walker Methodist 5K/10K Run & Walk

First Name		Last Name	
Date of Birth _		Gender 🗆 Male 🛛 Female Ph	ione ()
Address		City	
State	Zip	E-mail	
5K Run/Walk _		10K Run/Walk	T-shirt size*
Team Name			

Waiver: I understand that participating in this event is a potentially dangerous activity. I certify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate. I do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this event against the organizers, sponsors, promoters, municipalities, volunteers, and officials of these organizations. I grant full permission for the organizer to use photographs of me in legitimate accounts of the event. In the event the race is shortened or cancelled, all entry fees are nonrefundable.

* Each participant receives a high-quality performance T-shirt in men's or women's sizing. Shirts are on a first come first serve basis. Due to ordering the shirts in advance we cannot guarantee you will receive your requested shirt size.

Signature	Co-Signature
Required	By parent or guardian, if registrant is under 18 years of age.

Walker Methodist

2016 Sponsor a Runner or Walker



Name: Congregation: Team Name: **TEAM TRUST**



PLEASE MAKE SPONSORSHIP CHECKS OUT TO TRUST

Name	Address	City, State, Zip	Amount

Total Amount Enclosed: \$_

PLEASE MAKE SPONSORSHIP CHECKS OUT TO TRUST. THANKS