

BENEFITS

We are pleased to announce that, due to the community support, we will be donating a portion of the event's proceeds to:

**SACH Wellness Committee
and SACH School Scholarship Award**

FOR MORE INFORMATION

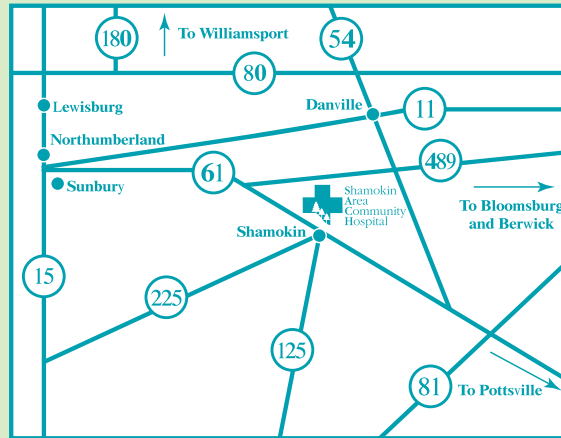
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or

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MAKE CHECKS PAYABLE TO:
SACH Heck of a Hill 5K
4200 Hospital Road
Coal Township, Pa 17866

DIRECTIONS



**Shamokin
Area
Community
Hospital**

4200 Hospital Road
Coal Township, Pennsylvania 17866
www.shamokinhospital.org

THE FIRST ANNUAL



JUNE 5, 2010
ROAD/TRAIL RACE

Sponsored By:

Shamokin Area
Community Hospital
Wellness Committee

5K RUN/WALK



Shamokin
Area
Community
Hospital

Race Extras

Amazing post race giveaways, massage therapy and mini pedicures.

Race Course Amenities

1.5 mile splits, water stops, bathrooms, post race food, inspirational finish line music, professional timing, complete results available in 1-2 days online at: www.shamokinhospital.org

Awards

- Trophy for the overall male and female 5K run winners
- Medals for 1st, 2nd, and 3rd finishers in respective age categories

Pre-Registration Rates

Entries must be postmarked by **5/22/2010** to receive pre-registration rates.

- \$12.00 5K Run or Walk
- Only pre-registered entrants are guaranteed a t-shirt (B-Dry Performance tee) and goodie bag!

5/23/2010 Day of Registration Rates:

- \$15.00 5K Run or Walk

Schedule

- 07:30am Registration opens
- 09:00am 5K Run and Walk starts

Award Ceremony and giveaways to follow.

Age Categories (5K Run)

14 & Under, 15-19, 20-29, 30-39, 40-49, 50+

ENTRY FORM

Name: _____

Address: _____

E-mail: _____

Age (on race day): _____ Gender: M F

Event: 5K Run 5K Walk

T-shirt size: S M L XL XXL

Distance Traveled to Race: _____

Waiver: In consideration of permission for the undersigned Participant) to participate in the SACH 5K Run/Walk, Participant's will and hereby release and forever discharge SACH, and all persons, associations and corporations, both known and unknown, and their respective agents, servants, employees, board of directors, members, heirs, executors, administrator assigns and insures (hereinafter called "Grantors") from all manner of claims, actions, or causes of action which Participants now have or which Participants or Participants' heirs, executors, administrators, assigns hereafter can, shall or may have because of bodily injury, including death, or damage may be due to a negligent act or omission of the said Grantors, or otherwise. It is acknowledged that the risk of injury or damage from both known and unknown causes, both obvious and hidden conditions and conditions for which warnings were or were not specifically provided. It is additionally understood that Participants, who may in any fashion be employees by SACH not herein noted specifically is (are) voluntarily entering into the aforementioned activity outside of the course and scope of their employment and will not under any circumstance, should injury occur during these activities, qualify or be entitled to Workmen's Compensation or any other specific Compensation, or benefit that may be applicable to injuries that may occur during the course and scope of employment, for any injuries suffered from their participation in the above noted activities.

Participant Signature

Signature of Parent or Guardian (If under 18)

Date