



May-Port Summerfest

5K/Senior Route

Thursday, June 21

Proceeds benefit the Cardiac Rehab Program at Sanford Mayville

5K/Senior Route starts at 7:00 p.m. at Sanford Mayville Hospital

5K Walk/Run, Senior Route -\$20 (Registrations on event day increase to \$25)

Registration Forms available at Sanford Mayville Hospital or clinic OR download
at www.climbthepodium.com and mail in.

Registration/ packet pick up will be at the Main Entrance of Sanford Mayville: 600 1st St SE, Mayville at 5:30 p.m.

Deadline for Registration & Shirt: Friday, June 1, 2018 at 4:30PM – late registrations will not receive shirts!

First Name

Last Name

Mailing Street Address

City

State

Postal Code

Phone

Email

5K

Senior Route

Male / Female

Age: _____

Adult T-Shirt Size: S M L XL 2XL 3XL

Youth T-Shirt Size: S M L XL (please circle size)

Emergency contact name & phone number

Please READ and SIGN the following Waiver, Release & Agreement. In consideration of the acceptance of the entry, I, on behalf of myself, my executors, heirs, agents, administrators, successors and assigns, hereby waive, release, and forever discharge all organizers, race directors, sponsors, contributors, officers, vendors and volunteers and all other persons or entities involved with the Mayville Summerfest 5K Run/Walk or the Senior Route (the "Event"), including the city of Mayville, ND and any and all other owners or governmental bodies of the premises, locations at which the Event or portions of the Event takes place from any and all claims, causes of action, damages, losses and liabilities of any kind which may arise out of results from or otherwise relate to my participation in the Event, including but not limited to any claims for personal injury, death or property damage including claims based on negligence. I acknowledge that there are inherent dangers involved in participating in the Event and I understand that I will be participating at my own risk. I further attest and verify that I am sufficiently healthy and physically fit to safely participate in the Event. I hereby grant the Event and all persons and entities involved, the right, permissions and authority to use my name, picture or video recording of me, in any publication or promotional materials, without compensation.

Signature of Athlete/Parent or Legal Guardian if under 18

Date

Phone Number

Return Completed Entry Form & Entry Fee to:

Ashley Erickson
Sanford Mayville Cardiac Rehab/Move4Life
719 Riverwood Drive
Mayville, ND 58257
Or drop off at Sanford Mayville Reception Desk

Mayville Cardiac Rehab covers a 45-mile radius

- **Cardiac Rehab/Pulmonary Rehab/CHF classes**
- **Cancer Survivor Exercise Program class**
- **Move4Life classes**
- **Elementary Level Class**

Thank you for supporting our services!