

Elkhorn Valley Rehabilitation Hospital's 6th Annual

Stride out Stroke 5K Run / Walk



ELKHORN VALLEY
REHABILITATION HOSPITAL



Wyoming
Neurologic
Associates



Wyoming
Medical Center

Saturday, May 30, 2015

Tate Pumphouse Trail Center

on the Platte River

1775 West 1st Street, Casper

\$15 - Register by May 29

\$20 – Day of 5K



Registration at 7:00 a.m.

5K Begins at 8:00 a.m.

**Proceeds will benefit Stroke Awareness within
our community and the Platte River Parkway**

REGISTRATION FORM

Name: _____ Age on Race Day: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____ Shirt Size: _____

Are You a Stroke Survivor? ☐ Yes ☐ No

***Registration can be mailed or dropped off by May 29th at: 5715 East Second Street, Casper**

***Packet Pickup at same location Friday, May 29th from 8:00 a.m. to 5:00 p.m.**

***Race Day Registration and Packet Pickup at race location 7:00 a.m**

***Make checks payable to Elkhorn Valley Rehabilitation Hospital**

I have full knowledge of the risks involved with and understand that I could be injured during the Stride Out Stroke 5K. I agree to assume all risks of such injury. I unconditionally release and discharge Elkhorn Valley Rehabilitation Hospital and all other persons and entities involved with this event from any and all claims, damages and expenses that may arise directly or indirectly from my participation in this event. I understand that neither Elkhorn Valley Rehabilitation Hospital nor any of the other sponsors, individuals or groups involved in the coordination of this event makes any representations or warranties about the fitness or conditions of the public parks, streets or trails that will be used for the Stride Out Stroke 5K event, and agree that none of those parties are responsible for the maintenance or condition of those parks, streets or trails, or for the safety thereon. I hereby certify that I am in good physical condition and that I am able to participate in this event without harm to myself or others. People with a known physical condition or injury should consult a physician before participating in the event. I agree to permit the use of my name and/or likeness in any record or communication relating to the Stride Out Stroke event for any legitimate purpose, without compensation or remuneration.

Signature of 5K Participant or Patient/Legal Guardian

RACE NUMBER _____