



The Journey of Hope race is a heartwarming family event that honors those women and their families whose lives have been touched by breast cancer. All proceeds from the event benefit Mercy Health Foundation for the Journey of Hope Fund to provide free mammograms to women in our area who otherwise cannot afford them.

24th ANNUAL

# Journey of Hope 5K Family Run/Walk Saturday, October 6, 2018

Mercy Regional Medical Center (Breast Care Center Entrance)

8:00 a.m. - Registration

9:00 a.m. - Start

Entry Fee: \$25 for adults

MRMC Employee: \$10.00 (with current ID #)

Children under 12 free (or \$25 if race gift desired)

**Optional:** Dress in your "Best Cancer Fighting Outfit"

Register ONLINE at [www.mhffnd.org](http://www.mhffnd.org) or mail your completed and signed entry form and check to:

Mercy Health Foundation

1010 Three Springs Blvd.

Durango CO 81301

Or call MHF @ 970-764-2800 for credit card payment

Early Registration Pick-Up @ Mercy Regional Medical Center

Main Lobby on Friday, October 5th —Noon - 6:00 pm

### ENTRY FORM

Name \_\_\_\_\_ Sex: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

Organization/Team Name if applicable: \_\_\_\_\_

Please check: \_\_\_\_\_ Walk \_\_\_\_\_ Run

Signature \_\_\_\_\_

Parent/Guardian Signature (if participant is under 18) \_\_\_\_\_

Mercy Regional Medical Center Employee—Discounted Fee: \$10.00 - (MUST include employee ID)

Name \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Please read and sign the following: In consideration of this entry, I, intending to be legally bound hereby, understand and assume all risks of injury to me or my child which may occur while running or walking this event; and I, for myself, my heirs, executors, administrators and personal representatives, forever waive and release all rights and claims for injury or damages I may have against Mercy Health Foundation, Mercy Regional Medical Center, Three Springs and all other volunteers and persons related to and sponsors of the Journey of Hope 5K Family Run/Walk arising out of my participation, or that of my child, in this event. I also understand that dogs are not allowed in the event, and that I will observe that regulation. I also give full permission for use of my name and photograph in connection with this event.

*I am unable to participate this year, but I want to help make each life a Journey of Hope!*

*Please accept my donation of \$ \_\_\_\_\_:*

I/We would like this gift to be in honor of: \_\_\_\_\_

**Please notify the family or honoree at:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mercy Health Foundation qualifies for Enterprise Zone State Tax Credit of 25% for cash donations of \$250 or more.



Mercy Health Foundation  
1010 Three Springs Blvd. Ste. 248  
Durango, CO 81301