

# 12th Annual



Yorkton



The HEALTH FOUNDATION  
OF EAST CENTRAL SASKATCHEWAN, INC.

## Charity Road Race & Community Walk



Yorkton

# Sunday, August 19th, 2018 Yorkton, SK

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Female  Male Race Day Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PV \_\_\_\_\_ PC \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**REGISTRATION FEE - \$40**(includes entry to Learn to Run Clinics (5K, 10K & ½ Marathon) starting May 5th)

2Km  5Km  10 Km  HALF Marathon (21.1 Km)  10Km Corporate Relay  5K Walk

**Runners are encouraged to collect pledges. Pledge forms and information brochure will be mailed to you explaining pledge levels and prizes. Runners may use pledges to pay for registration. Charitable income tax receipts will be issued for pledges \$10 and over. You may not pledge yourself or your spouse and receive a charitable income tax receipt.**

**T-Shirt Size:**

Youth Small  Youth Medium  Youth Large  Youth XLarge

**Adult Sizes:**

Small  Medium  Large  Xlarge  XXLarge

**Mail Registration and fee to:**

The Health Foundation, 41 Betts Ave., Yorkton, SK Call (306) 786-0506 for further information

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| <p><b>Non Refundable Registration Fee (register before July 20th)</b><br/>Includes tec-shirt and brunch<br/><b>Early Bird - \$40.00</b><br/><b>17 &amp; Under Early Bird - \$20.00</b></p> <p><b>Late Entry – includes brunch - no shirt available</b><br/><b>Registration - \$40.00 17 &amp; under - \$15.00</b></p> | <p>Race Kit Pick up is Saturday August 18th at The Health Foundation Office 41 Betts Avenue</p> | <p><b>Payment</b></p> <p><input type="checkbox"/> Cash \$ _____</p> <p><input type="checkbox"/> Cheque \$ _____</p> <p><input type="checkbox"/> Credit Card \$ _____</p> <p>Credit Card # _____</p> <p>Expiry Date _____</p> |
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**Waiver of Liability**

In consideration of accepting my entry and permitting me, the undersigned, to participate in the 2018 Charity Road Race, I hereby waive and release The Health Foundation, City of Yorkton, and all sponsors and event organizers of this race and their employees and agents for any claim or loss, damage or injury which I, or my dependants, heirs or assigns, may have in any way arising from my participation in this race, including any loss, damage, or injury resulting from the negligence of any or all of them.

I indicate my acceptance of the above waiver by signing below:

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian (if under 18) \_\_\_\_\_

**You can also register on [www.events.runningroom.com](http://www.events.runningroom.com)**