



# Through 50 years, still walking and rolling.

The Hillside Rehabilitation Hospital 5K Walk, Run and Roll and 1 Mile Fun Walk, Run and Roll will be held on Saturday, June 1. Race registration begins at 9 a.m., with the race beginning at 10 a.m.

This is a fundraiser and community event, located on the grounds and surrounding area. Make this a fun event and Walk,

Run, Roll with your family, friends, neighbors and co-workers.

Prizes will be awarded for the following categories:

- First place overall male
- First place overall female
- First place overall roller
- Top 3 places male and female in the following age groups:
  - 14 & under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; and 70 & over
- Top 5 rollers


Entry Fee: \$15 (if received by May 24); \$20 (late registration and race day entries). T-shirt guaranteed for early registration.

For more information contact Linda Case at 330-841-3655  
or [Linda\\_Case@vchs.net](mailto:Linda_Case@vchs.net).



## Registration Form



 Please print clearly and make checks payable to:  
Hillside Rehabilitation Hospital • c/o Linda Case  
8747 Squires Lane NE • Warren, OH 44484

Event (check one):  5K Walk, Run and Roll  1 Mile Fun Walk, Run and Roll

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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

T-shirt size (men's adult sizes):  XS  S  M  L  XL  XXL  XXXL

Waiver: I understand running or walking activities present inherent risks, including but not limited to exposure to adverse weather conditions, sprains, broken bones, cuts and bruises. I understand and agree that no special arrangements have been made for the participation of children who may walk, run or ride in strollers in the Event with their parent(s) and that ValleyCare Health System of Ohio has no obligation to make such special arrangements. I fully understand the risks and the scope of the activities involved in this event, and I agree to assume the risks of my participation and/or minor child(ren's) participation in the event, including the risk of catastrophic injury or death. I hereby release and fully discharge ValleyCare Health System of Ohio, its trustees, officers, employees and agents, and all event sponsors, workers, officials, and volunteers from all liability in connection with my participation and/or my child(ren's) participation in this event, of or on account of any injury to or illness of my person or death, or for or on account of any loss of damage to any personal property or effects owned by me and/or my child(ren). I agree to abide by all rules of participation. I understand that ValleyCare Health System of Ohio does not require a medical exam or screening prior to my participation in this event and that it is my responsibility to ascertain whether I am sufficiently physically fit to do so.

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

**Affiliates of ValleyCare Health System of Ohio:**  
Northside Medical Center • Trumbull Memorial Hospital • Hillside Rehabilitation Hospital