



TMH

Pink Ribbon

RUN/WALK for
CANCER AWARENESS

Trumbull
Memorial Hospital

An Affiliate of ValleyCare Health System of Ohio
A STEWARD FAMILY HOSPITAL

Saturday, September 23

5K and 1 Mile Run/Walk

Registration/Check-in: 8 a.m. • Opening Ceremony: 9 a.m.

5K Run/Walk Start: 9:15 a.m. • 1 Mile Run/Walk Start: 9:25 a.m.

Awards • Displays • Convenient Parking

Race starts at Trumbull Memorial Hospital Oncology Center • 1353 E. Market Street

Entry Fee: \$15 • Day of Race: \$20

Pre-register by September 5 to be guaranteed a free T-Shirt.

Please print clearly and make checks payable to:
Trumbull Memorial Hospital – Pink Ribbon Run/Walk

Registration also available at:
www.gopherarun.com



ATTN: Radiation Oncology
1353 East Market Street • Warren, OH 44482
For information, call 330-841-9399

Event (check one): 5K Run/Walk 1 Mile Run/Walk

Name: _____ Cancer Survivor?

Address: _____

City: _____ State _____ Zip: _____ Male Female

Phone: _____ Email: _____ Age on 9/23/17: _____

How did you hear about this event: _____

Have you had a mammogram in the past 12 months? Yes / No

Would you like to be scheduled for one? Yes / No

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

Awards:

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 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 and/or my minor children 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 and/or my children's participation in this event, of or on account of any injury to or illness my person or death, or for or on account of any loss of or damage to personal property or effects owned by me and/or my children. 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)