

# Run for River Valley

## 6th Annual - 5K Run/1.5 Mile Walk

**Saturday, May 20, 2017**  
**Ashley Reservoir, Elks Lodge 902**  
**250 Whitney Ave., Holyoke**

Registration: 8:00AM-9:15AM, Race Start: 9:30AM  
Entry Fee: \$20 (prior to event), \$25 (at the event), Children 12 and under: \$10  
Valley Health Systems employees: \$10  
**The first 100 Registrants will receive a free T-shirt.** This is a rain or shine event.  
Rules/Regulations: NO dogs – NO skateboards/roller blades/bikes.  
Single and double strollers are permitted.

### Registration Form

Please print clearly: **\*required information**

**\*Select one:** Walker-1.5 Mile  Runner-5K

**\*Last Name:**

**\*First Name:**

**\*Age** (as of on 5/20/17 - runners only):  **\*Gender:** MALE  FEMALE

**Address:**

**\*City/Town:**  **\*State:**

**\*Phone:**  -  -

**Email:**

T-shirt size Adult Size T-Shirt, please circle: XS S M L XL XXL

**\* Valley Health Systems Employees**, please circle organization: RVCC HMC HVNA WMPA

#### Disclaimer:

I know that running is potentially a hazardous activity. I should not walk or run unless I am medically able and properly trained. I agree to abide by any decision of a race official regarding my abilities to safely complete the run/walk. I assume all risks associated with running or walking in the event including, but not limited to falls, contact with other participants, weather conditions including high heat or humidity, traffic and conditions of the road, all such risks being known and accepted by me. Having read this waiver and knowing these facts, and in consideration of you accepting my entry, I, for myself and anyone able to act on my behalf, waive the release of Valley Health Systems, Inc. and all affiliates, sponsors, representatives and successors from all claims of liabilities of any kind as a result of my participation in this event even though the liability may arise out of negligence or carelessness on the part of the person(s) named in this waiver.

\_\_\_\_\_  
Signature REQUIRED (parent or guardian, if under 18 years of age)

\_\_\_\_\_  
Date

**Please include check or money order payable to River Valley Counseling Center.**  
**Mail to: RVCC-Run for RVCC • 319 Beech Street • Holyoke, MA 01040**  
**Mail-in Deadline May 15, 2017**