

Hills & Dales General Hospital
Center for Rehabilitation
and
Health & Fitness,

in cooperation with local area sponsors,
 is proud to sponsor the 12th annual
Hills & Dales Rehab & Fitness
4th of July
5K Run, 5K Walk, and 8K Run
 (formerly known as MARC 4th of July 5K/8K)

- **Location:** Start/Finish at **HDGH**
 Medical Arts Bldg. 6190 Hospital Dr.,
 Cass City, MI 48726
- **Time/Date:** Saturday, July 5, 2008 @
 8:00 am
- **Course:** A moderately hilly course
 within the village of Cass City. Five and
 eight kilometers.
- **Registration:** \$15 for early registration,
 \$18 day of race, 6:30am-7:45 am. For
 early registration, stop by Center for
 Rehab in Caro or Cass City, or mail
 registration form to:
Hills & Dales General Hospital
Center for Rehabilitation
6190 Hospital Drive, #101
Cass City, MI 48726
- **Divisions:** 14 yr. and under, 15-19, 20-
 24, 25-29, 30-34, 35-39, 40-44, 45-49,
 50-54, 55-59, 60 +. Male and female
 divisions.
- **Awards:** T-shirts to all participants.
 Trophies to 5K Walk/5K Run/8K Run,
 overall male/female and masters male/
 female winners. Trophies and medals for
 top three places in each age/sex division.
- **Prizes:** All participants will receive free
 passes to our Cass City or Caro fitness
 facility. Raffle drawings for 3 & 6
 month fitness memberships and more!

**For Questions or more information,
 please call 989-872-2084 or 989-673-4999.**

REGISTRATION

LAST NAME (PRINT CLEARLY)

FIRST NAME M.I.

STREET ADDRESS

CITY

STATE ZIP/POSTAL CODE MO DAY YR
 BIRTH DATE

CONTACT PHONE NUMBER

E-MAIL ADDRESS

MALE FEMALE AGE
 ON RACE DAY

5K Walk 5K Run 8K Run

T-SHIRT SIZE S M L XL (Circle one)

In consideration of participation in either the 5K/8K Run, or 5K Walk, I am aware that it can be a potentially hazardous activity. I, for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Hills & Dales General Hospital, and all sponsors for any and all injuries suffered by me associated with this Run/Walk, including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I also state that I am in proper physical condition to participate in my respective event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes or any other record of this event for any legitimate purpose.

 Signature Date

 Parent/Guardian if under 18 years of age Date

Office Use Only

Date rec'd: _____ Race Number: _____
 Packet completed: _____ Code: _____