



# SMH Foundation's 5th Annual

## Link ~ Partners in Pink

Breast Cancer Awareness Event  
10K run, 5K run/walk, 1.5 mile walk

**Chip timing for all participants**



Proceeds raised will stay in our community to support breast health at Sheridan Memorial Hospital.

**When:** Saturday, October 19, 2013  
Registration begins at 9 am  
Run/Walk at 10 am

**Where:** Whitney Commons, 326 West Alger, Sheridan, Wyoming

**Attire:** PINK, PINK, PINK

**Fees:** \$35 Registration includes T-shirt, chip timing & snacks after the race for participants  
Early registration deadline: Monday, October 14, 2013, 5:00pm  
**Registration fee after October 14: \$45**

**Bag Pick-up  
Friday, Oct. 18, 3:00-6:00  
Hospital Cafeteria**

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

**Mailing Address:** \_\_\_\_\_

**City, state, zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email (required):** \_\_\_\_\_

**Female** Tech shirt size - circle one: XS S M L XL

**Male** Tech shirt size - circle one: S M L XL 2X **Youth size** - circle one: S M

10K RUN \_\_\_\_\_ 5K RUN/WALK \_\_\_\_\_ 1.5 mile WALK \_\_\_\_\_

Every effort will be made to accommodate shirt size requests

**Walking in Honor/Memory of** \_\_\_\_\_

Make checks payable to:

**SMH Foundation  
PO Box 391**

**Sheridan, WY 82801**


**Bill my credit card:** \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

**Name of Cardholder** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Authorization code:** \_\_\_\_\_

**Further details & course map posted on SMH website: [www.sheridanhospital.org](http://www.sheridanhospital.org)**

**or contact the SMH Foundation at [307-673-2418](tel:307-673-2418).  [Facebook.com/Sheridan.Hospital.Foundation](https://www.facebook.com/Sheridan.Hospital.Foundation)**

**Liability Waiver - READ & SIGN BELOW:** In consideration of the acceptance of my entry, I, the undersigned participant, for myself, my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge, and hold harmless event sponsors, Sheridan County, Sheridan Memorial Hospital, Sheridan Memorial Hospital Foundation, Whitney Foundation, lessors, officers, directors, employees, and volunteers, from any and all liability, prior to, during and post any competitive race event. I understand there is a certain element of risk and potential hazards to body and limb and even death, and that I am voluntarily participating in the event. I certify and represent by my application, verbal or written, for entry that my physical condition is adequate to compete safely and I attest and verify that I am physically fit and sufficiently trained for this event. I authorize and consent to any recognized publication, whether by videotape, film, newsprint, written advertisement or otherwise, of any materials containing my name or picture, and I release any sponsors and all persons acting under authority from any claims I might have due to initial or subsequent publication of any such materials or photographs. I hereby certify that I have fully read and understand the foregoing release waiver and sign it knowingly, willingly, and voluntarily. In an unforeseen circumstance, refunds will not be granted should the race be cancelled.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent if under 18:** \_\_\_\_\_

**Due to the large number of participants, please leave your pets at home.**

Event Sponsor ~



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