

Health & Wellness 5K Run/Walk



Lutheran Health Network
Health & Wellness Center

Saturday, June 11th | 9 am

KCH Health & Wellness Center
1500 Provident Drive, Warsaw, IN

For More Information
Contact Anne Zeiger
at 574.372.7890 or
zanne@kch.com

Entry Fee: Pre-race entry fee is \$15 (\$12 for KCH employees) if received by June 1st. After June 1st and on race day, the registration fee will be \$20.

Family Friendly Cap: \$45 maximum charge for immediate family members. 3 shirts will be provided. Additional shirts \$8 each. We will need a completed race form for each family member.

T-shirt: Only pre-registered participants will be guaranteed a short-sleeve t-shirt on race day.

Race Day Registration: You may register on race day in the lobby at the KCH Health & Wellness Center from 7:30 to 8:45 am.

Awards: Awards will be given to the overall male and female runners. Awards will be given to the top 3 finishers of each age group in the men's and women's divisions. The top winners for the men's and women's will be excluded for awards given to each age group.

Age Groups: Elementary (K-6th) • Middle School (7th & 8th) • High School (9th-12th)
19-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70 & up

Timing: A high-density, disposable chip timing system will be provided for the race, ensuring extremely accurate results.

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In consideration of the acceptance of my entry, I for myself, my executors, administrators and assignees do hereby release and discharge Kosciusko Community Hospital and any other business or group affiliated with this race, their officers, agent and employees, from all claims or damages, demands, acts of God or actions whatsoever in any manner arising or growing out of my participation in the Health & Wellness 5K. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. **Questions? Call 574.372.7890 or email zanne@kch.com**

Signature Required _____ Date _____
(Parent or Guardian must sign if applicant under 18)

Name _____ Age _____

Male Female Address _____

City _____ State _____ Zip _____ Phone (____) _____

Circle T-shirt size S M L XL XXL

Make checks payable to: KCH Health and Wellness Center

MAIL COMPLETED FORM TO: KCH Health & Wellness Center / Attn: Anne Zeiger, 1500 Provident Drive, Warsaw, IN 46580

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Course Map

For the safety of all participants, the course will be blocked off during the race.

