



Fifth Annual Magnet 5K Run/Walk Saturday, June 7th

Eagle Rim Park in Orchard Mesa

Check-in begins at 7:30 am
Timed Run/Walk begins at 8:30 am

Why we do this!

Proceeds from the **Magnet 5K Run/Walk** support Community Hospital nurses and staff to attend the American Nurses Credentialing Center (ANCC) annual Magnet® Conference, the official conference of the Magnet Recognition Program®. The ANCC Magnet Recognition Program® is a designation for healthcare organizations that demonstrate quality patient care, nursing excellence, and innovations in professional nursing practice. It is a seal of approval for quality nursing care—the Gold Standard for nursing excellence—for which Community Hospital is striving.

How you can help!

Cost is \$25 for adults and \$10 for children 12 and younger being timed. Registration includes a t-shirt! Day of registration is \$30 for adults and remains \$10 for children 12 and younger. Children not being timed are free.

Prizes and participant recognition will be held at 10:30 am at Eagle Rim Park.

Registration & Liability Waiver!

Register online at YourCommunityHospital.com by 6/4/2014

Or return this form with check (\$25 per adult and \$10 per child being timed) payable to:

Community Hospital Magnet Run
2021 N. 12th Street
Grand Junction, CO 81501

Please cut and return

(Please Print Clearly)

Name: _____ Team Name (optional): _____ Age: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

T-Shirt Size: S M L XL XXL (Cannot guarantee t-shirt after May 24, 2014) No thank you, I don't need a T-shirt

Waiver I understand that participating in this event is potentially hazardous to my health and could result in personal injury or death as well as injury to another person or property, and that I should not enter and participate unless I am medically able and properly trained. I hereby warrant that I have consulted with a physician of my choice and that I do not have any medical conditions that would hinder my safe and responsible participation in this event. In consideration of the acceptance of this entry and allowing me to participate in this event, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participation in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, Community Hospital and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all liabilities, claims, or damages that I may have against them arising out of or in any way connected with my participation in the event. I understand that this waiver shall also act to waive any claims I might have or might arise, whether caused by negligence, the action or inaction of any of the above parties, or otherwise related in any way to this event. Indemnification I agree to indemnify and hold Community Hospital and its officers employees and agents harmless from any claim or demand, including reasonable attorneys' fees, made by any third party due to or arising out of or related to any participation in this event.

Signature: _____ / _____ Date: _____
Participant/legal guardian Relationship

Official Use Only Bib # _____



2021 N. 12th Street • Grand Junction, CO 81501 • (970) 242-0920 • 800-621-0926
www.YourCommunityHospital.com