

Youth (12 & Under) \$15.00 Seniors (60 & Over) \$15.00

<u>MAY 15TH - JUNE 4TH</u>	
Adults	\$25.00
Youth (12 & Under)	\$20.00
Seniors (60 & Over)	\$20.00

\*fees apply

How will you be joining us? Please choose one: 📖 🎩

If you're joining us live, your friends at the Jamestown Regional Medical Center, Central Valley Health and Running of the Pink encourage you to consider a COVID Vaccination prior to the event. We respectfully ask you to wear a mask prior to and following the walk/run while in the presence of others gathering and we ask you to do your part in following current social distancing recommendations. IF YOU'RE UNCOMFORTABLE OR UNABLE TO GATHER WITH US ON JUNE 4TH, please choose the Virtual option and add #VirtualROP to any social media post so we can gather and celebrate with you virtually!

Name:	Make checks
Address:	payable to RMStoudt & mail form
City:	State: Zip: & fees to:
Phone:	_ Cell: RM STOUDT, INC.
Email:	PO BOX 949 JAMESTOWN, ND
T-Shirt Size: Youth Med Youth Large/Adult	
Team / Family Name (not mandatory):	For more info: 
10K RUN: 5K RUN:	5K WALK: 252-2270 or email rmstoudt@csicable.ne
*EACH PARTICIPANT must provide a si	gnature to certify the following statement OFFICE USE ONLY

Full Waiver & Release: In consideration for my entry being accepted, I hereby waive and release forever for myself, for my heirs, executors, administrators, any and all claims of actions and suits I may accrue against R.M. Stoudt, Ford, Lincoln, Chrysler, Dodge, Jeep, Ram, City of Jamestown, County of Stutsman, property owners and whose property the race is run, race director, volunteers and any sponsors of this race for any bodily injury, property damage or economic loss, including death, suffered by me while traveling to and from or competing virtually in the 2022 Running of the Pink 10k run, 5k Run/Walk whether from natural hazards, human-made or any other defect or omission or act. I understand I may be included in photographs, videotapes, motion pictures, recordings or any other record on my participating in this event for any publicity and/or promotional purposes without obligation or liability to me. I also understand that all race fees are non-refundable.

(Parent/guardian must sign if runner is under 18 years old)

Participant Signature:

Date:

Parent/Guardian Signature: \_\_\_\_

Date:

<u>OFFIC</u>	E USE ONLY
RACE # _	
CASH	CREDIT CARD
CHECK #	
DATE _	
TOTAL P	AID: