

**Joseph T Rasch Scholarship 5k Run/Walk**

**Saturday, September 12, 2020**

Contact: Tammi Harr, 208-735-0121

Time: Registration is from 9:00– 9:50 AM at Hospice Visions/Visions Home Health & Visions Home Care office Parking Lot at 455 Park View Loop, Twin Falls, ID 83301

Runners will assemble at 9:50 AM for pre-race instructions. Race starts promptly @ 10:00 AM.

Individual Entry Fee: \$35.00 Family Entry Fee: \$120 for family of four (Pre-registration only)

Awards: T-shirt to all entry participants that have pre-ordered 2 weeks in advance; less than 2 weeks and same day registrations will be subject to availability.

Form of Payment: cash or check

Please make checks payable to: Hospice Visions, Inc.

Mail to: 455 Park View Loop Twin Falls, Idaho 83301

PLEASE PRINT CLEARLY:

NAME: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

AGE ON DAY OF RACE: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

T-SHIRT SIZE: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

WAIVER: In consideration of your accepting my/my child's entry, I hereby consent to participation in the herein described activities by the child named herein and I hereby, for myself, my child, my heirs, executors and administration to hereby expressly and forever waive and release any and all claims against and agree to hold harmless **Hospice Visions, Inc.** and **Visions Home Health and Visions Home Care, LLC.** and all their respective officers, employees, representatives, agents, successors, or assigns of any kind of from any and all claims which may be made for damages and/or injury to property or persons occasioned by any cause whatsoever, arising as a result of or in connection with the participation of me or my child in the herein mentioned activity. By participating in the herein activity, I, or my child understand the potential risk for injury. I also agree to allow any photos or pictures taken during the activities to be used in promotions or activities offered by **Hospice Visions, Inc.** and **Visions Home Health and Visions Home Care, LLC.**

*\*ALL PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE A PARENTS SIGNATURE.*

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

(Must be signed to run)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All proceeds go to the Joseph T. Rasch Scholarship Fund**