

8th Annual 50m, 100m, 1K, 1 Mile, 5K Run/Walk/Roll



WHAT: Sneakers and Wheels is an all-abilities event to promote health and wellness in kids and teens. The goal of St. Cloud Hospital Pediatric Rehabilitation is to increase opportunities for kids to be physically active, regardless of their ability. Project BrainSafe (#HelmetHabitProgram) will be performing helmet fittings and limited helmet sales starting at 9 a.m.

WHERE: CentraCare Health Plaza (1900 CentraCare Circle, St. Cloud) – Just west of the intersection of Highway 15 and County Road 134 – next to Hennen’s Furniture. Please use the entrance on County Road 134 as to not interfere with the race course set up. Parking is available on site. Volunteers will be present to direct you.

WHEN: **Saturday, September 30, 2017**
9:00 – 9:45 a.m. Registration for all races
10:00 a.m. first race (50m)

REGISTER: \$5 per child
 If your child requires assistance to complete this race, you (or designated caregiver) are welcome to accompany them free of charge. All registrants will receive a participation gift. Register by Sept. 22 to be entered into a drawing for additional door prizes.

Send a completed registration form along with your check (payable to St. Cloud Hospital) to:
 Pediatric Rehabilitation, c/o Cathi Thompson, 1900 CentraCare Circle, Suite 1000,
 St. Cloud, MN 56303.

QUESTIONS: Contact Cathi Thompson: (320) 229-5199, ext. 71435 or thompsonc@centracare.com.

..... (cut and mail)

Sneakers and Wheels 50m, 100m, 1 K, 1 Mile, 5K Registration

NAME (Please print) _____ GENDER: M _____ F _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ AGE (as of 9/30/17) _____ (for children up to 21 years)

EMAIL ADDRESS _____

(circle one distance) 50m run, walk, roll 100m run, walk, roll 1K run, walk, roll 1 Mile run, walk, roll 5K run, walk, roll

Will you be using an assistive device (please circle): power wheelchair, manual wheelchair, walker, crutches, other: _____

If your child requires assistance to complete this race, you (or designated caregiver) are welcome to accompany them free of charge. Due to the large number of participants, we will not have volunteers available to provide this service.

Release of All Claims, Authorization for Use of Likeness: I, knowingly and at my own risk, do hereby apply to enter and participate in an athletic contest. I understand that in any athletic contest there are risks of injury which I assume. I hereby agree that I release and discharge the St. Cloud Hospital and all parties associated with Sneakers and Wheels from all claims, demands injuries, damages, actions or causes of action, either known or unknown, including not limited to passive acts of negligence on the part of such corporations, organizations, clubs, their servants, agents or employees. I further hereby grant full permission without compensation to any and all of the foregoing to use my name, likeness and voice, as well as any photographs, videotape, motion pictures, recordings and any other record of this event in which I may appear for any legitimate purpose, including broadcast of the event, the reuse in any media of this broadcast and in advertising and promotion.

SIGNATURE _____ (Parent’s signature needed if under 18) DATE _____

HOW AND WHERE DID YOU HEAR ABOUT US? _____

