



**Pierz Oktoberfest  
5 K  
Hospice Fun Run**

**When:** **Saturday, August 26, 2017** \*\*The 5K runs will begin at 8:30 am sharp. Registration and Bib number pickup will begin at 7:30 am at Pierz Healy High School.

**Course:** Please check out [www.pierzoktoberfest.com](http://www.pierzoktoberfest.com) for maps.

**NEW :** Morrison County "RUN for FUN" Race series.... select three of any five races including: Rock 'n Run 5K or 10K; RiverRat 5K; Bowlus 5K; Royalton 5K and Pierz Horizon Hospice 5K, It's FREE to sign up and you score a custom Race Hoodie if you complete three races. Hoodie Slogan: "I AM A SERIAL RUNNER"

**Entry Fee:** \$20 per person per race before 8.25.17 \$25 after

**Awards:** **5k:** Top 3 overall males, top 3 overall females, top finishers for each age group (14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+).

**Contact:** **Angie Athman aathman@horizonhealthservices.com or by calling 320-468-2788**

**All proceeds go to benefit the Horizon Health Hospice Program**

**Pierz Oktoberfest Fun Run Registration 2016**

1) **SELECT RACE (\$20 BEFORE 8-25-17, \$25 AFTER):** 5K RUN/WALK \_\_\_\_\_ Run for Fun Series \_\_\_\_\_

2) **T-SHIRT Included (complete a & b):** a) **Type:** Kids Adult (Unisex) b) **Size:** S M L XL 2XL

3) **OPTIONAL ADDITIONAL DONATION TO HORIZON HEALTH HOSPICE PROGRAM** \_\_\_\_\_

4) **COMPLETE FORM BELOW FOR EACH RACER:**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

5) **ADD UP YOUR TOTAL**

**RACE:** (a)\$ \_\_\_\_\_

**DONATION** (b)\$ \_\_\_\_\_

**TOTAL (lines a-b) \$** \_\_\_\_\_

**Make Checks Payable To:**  
Horizon Health Hospice

**Mail Registration Forms To:**  
Pierz Oktoberfest Fun run  
c/o Horizon Health, Inc.  
PO Box 220  
Pierz, MN 56364

**Waiver Must Be Read and Signed Before Mailing:**

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including low temperatures, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Town of Pierz, all sponsors, their representatives and successors from all claims of liabilities of any kind, including any claims arising out of negligence of the aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature if under 18** \_\_\_\_\_

**(FOR INTERNAL USE ONLY)**  
**BIB NUMBER:**