

10th Annual Healing Hearts Suicide Awareness Run/Walk

July 20, 2024 Melrose High School (auditorium doors)

7:30 a.m. - Registration & packet pick up 9:00 a.m. – Run/Walk Starts

Pre-registration fees postmarked by July 1st (includes t-shirt):

2.5 mile run/walk - \$20

Registration fees postmarked after July 1st or race day registration (t-shirts not guaranteed):

2.5 mile run/walk - \$25

T-shirt sizes – Please circle one: Adult sizes: S M L XL 2XL 3XL 4XL 5XL

Youth sizes: XS S M L XL

Sign: I would like to purchase a sign along the route in memory/honor of my loved one - \$5 Please include the name you want on the sign and any other information or ideas that you have to make the sign more personal. Signs from previous years will be placed along the route, but more signs are always welcome. Please get all sign information sent in by July 1st. _____

I have enclosed my registration and have included an additional donation of \$ _____

I am unable to attend, but have enclosed a donation of \$ _____

Total enclosed: \$ _____

PARTICIPANT WAIVER: Knowingly, and at my own risk, I am participating in the Healing Hearts run/walk. I do hereby release any and all claims against any representative of Healing Hearts, all event sponsors and any volunteer or officials of these organizations from any claim of injury (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary. I also grant permission to Healing Hearts and other associated organizations to use my name and any photographs or any other record of me participating in this event for any publicity and/or promotional purposes without obligation or liability to me. I understand that the fees are not refundable. A ride will be available for those who have trouble walking or those who can't walk the full route and would like to join us. If you chose to have a ride, you ride at your own risk. Signature of participant or guardian if under 18: _____

Name: _____

Address _____ City _____ State _____

Zip _____ Phone number _____ Email address _____

Make checks payable and mail registration to:

Healing Hearts
27950 State Hwy. 28
Grey Eagle, MN 56336