



# Catch Your Breath

## 5K & 1-Mile Fun Run

### 9:00 a.m. Saturday, September 8, 2018

In Cooperation with Adams County Parks and Recreation

**Place:** 1145 Mercer Avenue Decatur, IN 46733  
Across Mercer Avenue from Adams Memorial Hospital at the trail head of the River Greenway

**Time:** 8:00 a.m. Registration and packet pick-up  
8:30 a.m. 1-mile fun run begins  
9:00 a.m. 5K begins

**Entry Fee:** \$20 pre-registration fee until Saturday, September 1st  
\$25 entry fee after Saturday, September 1st  
\$10 "no shirt" entry fee

This race is part of the Adams County 5K Challenge  
Please visit [www.adamscounty5kchallenge.com](http://www.adamscounty5kchallenge.com) for information on participating in the challenge

**Awards:** Awards given to overall male and female top finishers  
and to the top three finishers in each age division

**This race will be chip timed. There will be a fee for lost or damaged chips.**

Age Divisions	
5K	
Men & Women	
18 & under	
19-29	
30-39	
40-49	
50-59	
60-69	
70+	
1-Mile	
Boys & Girls	
8 & under	
9-12	



## Catch Your Breath 5K & 1-Mile Fun Run

Please Print Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Circle One: Male Female

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please Circle One: 5K 1 Mile

Shirt Size: Youth M Youth L S M L XL XXL NO SHIRT

### Waiver and Release

The signing of this entry blank and the participation in the Catch Your Breath Adams Memorial Hospital Race is with full knowledge of the risks involved therein and the undersigned individually and/or as parent or guardian assumes the risks of injury, sickness, or health defect including death, resulting from or received during participation in the races, and further releases and agrees to save harmless Adams Memorial Hospital from any liability, damage, claim, or judgment that may result or arise from the participation of the participant in this race.

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

Parent/Guardian Signature if under 18: \_\_\_\_\_

Send Entry Forms & Fee to: The Worthman Fitness Center, c/o Adams Memorial Hospital,  
1100 Mercer Ave. Decatur, Indiana 46733 Phone: 260-724-2145 ext. 11036

Please make checks payable to Adams Memorial Hospital