**Catch Your Breath…while you Dash for Diabetes 5K Run/Walk**



9:00 a.m. Saturday, September 9, 2023

In Cooperation with Adams County Parks and Recreation

**Age Divisions**

Men & Women

**14 & under**

**15-19**

**20-29**

**30-39**

**40-49**

**50-59**

**60-69**

**70+**

**Place:** Adams Memorial Hospital

1100 Mercer Avenue

Decatur, IN 46733

**Time:** **8:30 a.m. Registration and packet pick-up**

 **9:00 a.m. 5K run/walk begins**

**Entry Fee:** **$20 Pre-registration fee until Friday, September 1st (event shirt included)**

 **\*$10 no-shirt entry available**

 **\*Late registration including race day sign-ups will be $25**

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 the top overall male and female finishers

 and the top finishers in each age division

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

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**Name (Please Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age on Race Day** \_\_\_\_\_\_\_ **Male** **Female**

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

**Telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail \_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 …while you Dash for Diabetes event at 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**