

Spring out of Hibernation! 4-26-14

16th Annual Grande Ronde Rehab Run

Saturday
04-26-14

Race begins at BMCC
Registration at 8:00 AM
Races begin at 8:30 AM



The 16th Annual Grande Ronde Rehab Run, hosted by GRH Rehab Therapy takes off from under the big tent at the Blue Mountain Conference Center, 404 12th St, La Grande and winds through the picturesque city of La Grande, where the majestic Blue Mountains meet the Grande Ronde Valley. Choose to run, walk, bike or push a stroller! Two events to choose from: Timed 10K run or a non-timed 5K run, walk or bike.

SPRING OUT OF HIBERNATION

Improve your well-being and reduce your risk of health-related concerns by enjoying healthy activities like running, walking and biking. The Grande Ronde Rehab Run promotes healthy exercise and our **Community Wellness Program**. The **Rehabilitation Therapy Department at Grande Ronde Hospital** is hosting this run and walk event perfect for fitness runners, as well as families and seniors. Proceeds from this event benefit the patient care needs of the Rehab Therapy Department.

GET FIT WITH FAMILY & FRIENDS

Serious runners, casual joggers and walkers will enjoy spending the morning in the beautiful outdoors! This is the perfect event for individuals, families and friends. Click on the registration link here, print the form and mail or drop it off at GRH. **The first 100 entrants receive a free t-shirt —REGISTER TODAY!!**



GRANDE RONDE HOSPITAL

[CLICK HERE TO REGISTER](#)



16th Grande Ronde Rehab Run

Maps are available upon request to 541- 963-1531 and on race day.

Participant Consent, Release and Indemnification Agreement

Each undersigned participant agrees as follows:

I, _____ (print name) wish to participate in the Grande Ronde Hospital 16th Annual Grande Ronde Rehab Run, to be held April 26, 2014 ("the Run").

I acknowledge that participation in the Run is physically demanding, and may result in injury. In consideration of being permitted to participate in the Run, I, individually and for my insurers, medical providers, heirs, successors, assigns and anyone who might claim on my behalf, (collectively referred herein as "Participant", hereby assume all risks associated with traveling to and from and participating in the Run including, but not limited to, injuries from falls, contact with other participants and physical facilities, contact with moving vehicles, twisting or spraining of ankles, knees or other joints, effects of the weather, and the condition of the running/walking surface.

Knowing these risks, I agree to hold harmless Grande Ronde Hospital, Inc., its affiliates, directors, officers, employees, agents, successors and assigns ("Released Parties" or "Released Party"), from and against any and all claims, damages, injuries, and liabilities of any kind arising out of or in any way related to the Run, including, without limitation, damages or injuries caused by the negligence of any Released Party. In addition, in the event that I, or anyone acting on my behalf, make a demand, claim or file suit related in any way to the Run, I agree to indemnify, hold harmless and defend the Released Parties from any and all costs, fees, losses, demands, claims, arising there-from. This indemnification shall include, without limit, all court costs, attorney fees, and investigation costs all of which are payable by me on the date incurred. I expressly agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted by law, that any interpretation should be made for the benefit of the Released Party.

I grant full permission to Grande Ronde Hospital to unlimited use of any photography, video tapes, motion pictures, recording or other records of the Event that contain my image. Proceed of this event will be used to benefit the patient care needs of Grande Ronde Hospital's Rehab Therapy Department.

Entry Registration

Name (please print)

Street or P.O. Box

City State Zip

Phone

E-mail

T-shirt size:

Circle one: SM MED LG XL

Participant's Representation, Warranty and Agreement:

I warrant that I am of legal age (If not, parent or guardian must sign) and that I have read and fully understand the foregoing terms of this Participant Consent, Release and Indemnification Agreement (If not, parent or guardian must sign.)

Signature

Date

Parent or Guardian's Representation, Warranty and Agreement:

I represent and warrant that I am the parent or legal guardian of the Participant named below and that I have authority to sign this release on the Participant's behalf. I further represent and warrant that I am of legal age and that I have read and fully understand the foregoing Participant's Consent, Release and Indemnification Agreement and agree for myself, Participant and Participant's heirs, successors and assigns and for Participant's legal representatives to be bound by its terms.

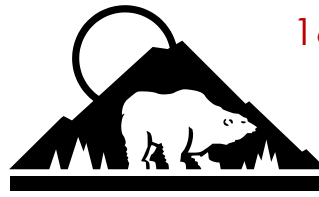
Signature

Date

**Please mail entry/release form to:
GRH Grande Ronde Rehab Run**

P.O. Box 3290
La Grande, OR 97850

**MAIL-IN ENTRIES MUST BE
RECEIVED BY APRIL 21, 2014**



**16th Annual Grande
Ronde Rehab Run
Saturday
April 26, 2014**

Benefit to entrant exceeds the \$10 registration fee, therefore, is not an allowable IRS charitable contribution.

Sign up for:

Start Price

- 10K timed fun run 8:30 AM \$10.00
- 5K fun run or walk 9:00 AM \$10.00

Total: _____

Method of Payment:

- Cash
- Check payable to: Grande Ronde Hospital Foundation
- Visa
- MasterCard

Exp. date

Credit Card #

Signature