

## LIVE LOCALLY 5K RUN/WALK

JOIN US FOR A 5K TO TAKE PLACE ON OCTOBER 23RD, 2010 TO PROMOTE LUNG HEALTH AWARENESS AND NATIONAL PASTA MONTH. THERE WILL BE EDUCATIONAL RESOURCES IN REGARDS TO LUNG HEALTH AND AN ON SITE RESPIRATORY THERAPIST TO ANSWER QUESTIONS. ALL PARTICIPANTS WILL RECEIVE FREE PASTA AND THERE WILL BE AN OPEN PRIZE DRAWING FOR ALL RACERS.



ALL PROCEEDS TO BE DONATED TO MELINDA OWEN, A POLSON GRADUATE WHO IS TRAINING FOR THE SUMMER OLYMPIC GAMES IN 2012.



October is National Pasta Month, and what better time to start combining your activity goals with better nutrition. You can find Homemade Style Country Pasta at your local supermarket anytime. Or for a special treat, order fresh pasta (linguine, fettuccine, angel hair, spaghetti) direct from the company on Wednesdays, and pick up at Country Foods or Touch of Montana on Friday. See our web site for more information on the Fresh On Friday program. We also have gift sets that make the perfect present for that hard to shop for person on your list.

(406) 883-4384 ~ [www.countrypasta.com](http://www.countrypasta.com)



### Medical Supply/ Sleep Apnea & Oxygen Therapy

One 7<sup>th</sup> Avenue East-Polson, MT  
(406) 883-3910....Phone  
(406) 883-3944....Fax  
24hr 1-888-810-3910 Toll Free

### Polson Pharmacy

Located in Super 1 Foods  
(406) 883-3838....Phone  
(406) 883-3806....Fax  
24hr 1-800-326-1838 Toll Free

### Mission Statement

*"Our mission is to improve the health of our communities by providing the best pharmaceutical, medical equipment and oxygen services in western Montana".*

*~ Owner, Vickee Siemers*

[www.healthcareplus.org](http://www.healthcareplus.org)

## LIVE LOCALLY

## 5K RUN/WALK



IN HONOR OF LUNG HEALTH AWARENESS & NATIONAL PASTA MONTH, HEALTHCARE PLUS AND COUNTRY PASTA HAVE TEAMED UP TO PROVIDE A 5K RUN/WALK

Time: 10:00AM



OCTOBER 23rd, 2010

Race start location HCP building on the corner of main and 7th in Polson, MT

# LIVE LOCALLY 5K RUN/WALK

## ENTRY FORM

## LIVE LOCALLY 5K RUN/WALK

**DATE: SATURDAY, OCTOBER 23rd, 2010**

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

**RACE DAY REGISTRATION: On-site registration and packet pick up begins at 9am.**

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

**RACE START TIME: 10am**

Email Address: \_\_\_\_\_ Telephone# \_\_\_\_\_

**START: HCP building on the corner of Main and 7th in Polson, MT.**

Adult Shirt Size S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ Kids Shirt Size S \_\_\_ M \_\_\_ L \_\_\_

**ENTRY FEES:** Pre registration: \$15 up to October 13, 2010. Late registration & race day registration \$20 (Cancellation Policy: Entry Fees are non-refundable and non-transferable.) Shirts only guaranteed by preregistration date of Oct. 13th. Mail entry form to HCP, One 7th Ave East, Polson 59860.

**For Questions:** Contact HealthCare Plus at (406) 883-3910.

### Waiver and Release Statement:

**Course:** Race starts at the HCP building at the corner of Main and 7th in Polson, will access the Carol Sampson Sherrick Memorial Trail, then return to HCP.

**Age Divisions:** 13 & under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

**Nutrition & Aide:** There will be one aid station along the course. There will also be snacks & hydration at the end of the race.

In consideration of accepting the entry, I RELEASE-for myself and my heirs, executors, administrators, legal representative successors in interest, and for my child ( if parent or guardian signing on behalf of a participant under the age of 18, referred to as "my child") -the Live Locally 5K Run/Walk, HealthCare Plus, Country Pasta, the City of Polson, and all other promoters, sponsors, organizers and volunteers of this event, and the officers, directors, shareholders and/or members, agents and employees of each, as well as all medical, law enforcement and other personnel assisting with this event, the owners of the property through which the event course traverses, and their representatives, successors and assigns ( collectively "Released Parties") from any and all rights, claims or liability for damage for any and all injuries to me, my child or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this agreement for the benefit of me or my child. This agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. I Fully ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT, including but not limited to: the dangers of falls and collisions with pedestrians, vehicles and fixed or moving objects; the dangers of road conditions, surface hazards, either conditions, associated with and athletic trail run; and the dangers caused by others' negligence. I certify that I am and/or my child is physically and mentally fit to participate in this event. I understand that entry fees are necessary to meet the cost of preparation, months in advance of the run, and that if the run is canceled because of weather conditions, fire, drought, acts of God, or other circumstances beyond the control of run management, the entry fee will not be refunded.



Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

(if participant is younger than 18 years)

Printed Name of Parent/Guardian: \_\_\_\_\_