

# Aspire Rural Health System (Hills & Dales Healthcare) 5K/8K Run, 5K Walk and Toddler Trot



**Registration Form**  
**Saturday, July 6, 2024**  
**Registration: 6:30am-7:30am**  
**Toddler Trot: 7:30am-7:50am**  
**5K & 8K Run/5K Walk: 8:00am**



**Location:** Start/Finish at Hills & Dales Medical Arts Building, 6190 Hospital Drive Cass City, MI 48726

**Course:** A moderately hilly course within the village of Cass City. Water stations available on 5K & 8K routes. Snacks & cold water available following the race and during awards ceremony.

**Divisions:** Toddler Trot (everyone gets a medal), 8-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

**Trophies/Awards:** 5K Walk, 5K Run, 8K Run overall male/female and masters male/female winners. Trophies and medals for top three places in each age/sex division. Participants must complete the full course on their own to qualify for an award.

**T-shirts:** T-shirts given to all participants who pre-register before June 10, 2024. After the June 10 deadline, we will still record your size, but a t-shirt **will not be guaranteed**. They will be on a first come, first serve basis on the morning of the event.

**The Toddler Trot:** For kids 8 years & younger, the course is 1/2 mile long around the hospital. The race will start at 7:30 a.m. & must be completed by 7:50 a.m. Parents are welcome to run with kids. There will be crossing guards.

## REGISTRATION FEE

**5K Run, 8K Run, 5K Walk:**

On or Before 6/30/24: \$30.00 — After 6/30/24: \$35.00  
\$10.00 Toddler Trot Race (preregistered & day of)

To register online visit: [www.aspirerhs.org/foundation](http://www.aspirerhs.org/foundation)

You can mail your registration & payment to:

Aspire Rural Health System  
Attn: 5K/8K Race / Brooke Mallory  
4675 Hill Street, Cass City, MI 48726

**✂ Cut this portion & return with payment please**

Name: \_\_\_\_\_

Male

Female

Toddler Trot

Address: \_\_\_\_\_

5K Run

5K Walk

8K Run

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check is enclosed *(written to Aspire Rural Health System)*

Cash is enclosed

Credit/Debit Card

Birthday: \_\_\_\_\_

Age on race day: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

T-shirt size (circle please): 2T 3T 4T 5/6T 7T

YS YM YL S M L XL 2XL 3XL

(T is for toddler & Y is for youth)

In consideration of participation of the Toddler Trot, 5K/8K Run and 5K Walk, I am aware that it can be a potentially hazardous activity. I, for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Hills & Dales General Hospital, and all sponsors for any and all injuries suffered by me associated with this Run/Walk, including, but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I also state that I am in proper physical condition to participate in my respective event. Further, I hereby grant full permission to any and all foregoing to use any photographs, videotapes or any other record of this event for any legitimate purpose.

Signature

Date

Parent/Guardian if under 18 years old