

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



**Registration Form**  
**Saturday, July 5, 2025**  
**Registration: 6:30am-7:30am**  
**Toddler Trot: 7:30am-7:50am**  
**5K & 8K Run/5K Walk: 8:00am**



**Location:** Start/Finish at Aspire 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+

**Awards:** 5K Walk, 5K Run, 8K Run overall male/female and masters male/female winners. 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, 2025. 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. and 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 6/30/25: \$30.00 — After 6/30/25: \$35.00

\$10.00 Toddler Trot Race (preregistered & day of)

To register online visit: [www.aspirehillsanddales.itsyourrace.com](http://www.aspirehillsanddales.itsyourrace.com)

You can mail your registration & payment to:

Aspire Rural Health System Foundation

Attn: 5K/8K Race / Brooke Mallory

4675 Hill Street, Cass City, MI 48726

Scan to

Register Online!



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

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

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

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

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

**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)

## Race options

☐ Male

☐ Female

☐ 5K Run ☐ 8K Run

☐ 5K Walk ☐ Toddler Trot

## Payment Information

☐ Check is enclosed

(payable to Aspire Rural Health System Foundation)

☐ Cash is enclosed

☐ Credit/Debit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ v-code: \_\_\_\_\_

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 Aspire Hills & Dales, the Village of Cass City 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

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**RETURN YOUR FREE RACE REGISTRATION  
INCLUDED WITH SPONSORSHIP, IF UTILIZING.  
(MAKE COPIES IF NEEDED)**

~~Cut this portion & return with your sponsorship please~~

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

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

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

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

**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)

## Race options

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☐ Female

☐ 5K Run

☐ 8K Run

☐ 5K Walk

☐ Toddler Trot

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