

2014 5k Glow Run Glowing the Distance

Saturday, October 11th • 7:30pm

All entrants will receive a shirt, 3 pieces of glow gear and a wristband.



Registration/Packet pick up at 6:30 pm
5K Run & Family Stroll
Fun for all ages!

We won't leave your breast health in the dark!

The 5K course is flat and starts at Reasoner Dam in Humboldt, where registration takes place under the shelter. The dam is located one block west of Hwy 169. Turn west using 6th Avenue North. The course will cross Hwy. 169 at the start and traffic will be stopped. The marked course goes through town streets and continues on the paved and scenic Cottonwood Trail ending back at Reasoner Dam. Proceeds will be used for breast cancer awareness in Humboldt County.

We will not time the Glow 5K. Our hope is to get people off the couch and active so we choose not to focus on the timing of the event but on getting people up and moving. If you are a serious runner and want to be timed, we suggest bringing your own watch or other device to time yourself.

Mail entries and checks payable to:
Humboldt County Memorial Hospital
Attn: Stacy Clarken
1000 N. 15th St.
Humboldt, IA 50548
Call 515-332-4200 with questions.

Get your friends, family & coworkers together for a fun time. Get Glowing!



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Adult T-shirt size: Small Medium Large X-Large XX-Large (add \$2)

Youth T-shirt size: Small Medium Large

Age _____ Sex: Female Male

**\$25 before Sept. 25
\$30 after Sept. 25**

Photographic Release and Waiver/Release of Claims

In consideration of your acceptance of this entry, I hereby, for myself, my executors and/or administrators waive any and all rights and claims for damages I may have against individuals associated with this event, its agencies or representatives, for any and all injuries suffered by me in said event. I attest and verify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate in this event. I give my consent & permission to Humboldt County Memorial Hospital Foundation and its affiliates and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) photographs and any other recordings that are made of me and (ii) results of my participation in this Event.

Participant/Date (and parent or guardian if participant is 18 or under)