

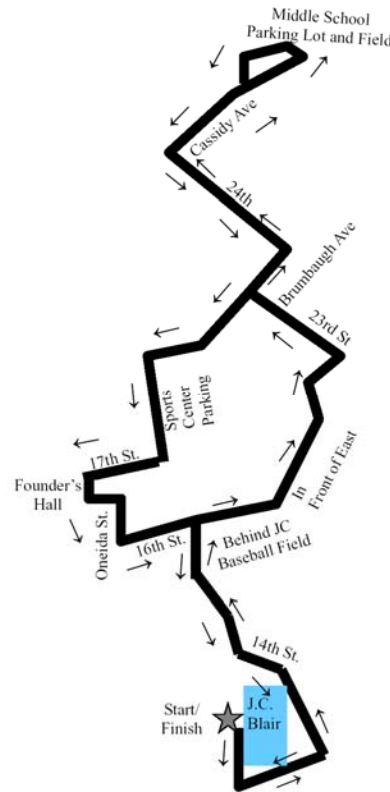
About the Event

The **Dr. David Miller Hospital Hill Memorial Run and Walk** continues the celebration of the 100th Anniversary of J.C. Blair Memorial Hospital.

This race honors a beloved family practice physician who died November 2, 2007 at the age of 62. Dr. Miller was an avid runner and a big fan of Huntingdon Bearcat athletics and the Pittsburgh Steelers and Penguins. His family, friends and patients have helped to organize this salute to his community spirit.



5K Course Map



Dr. David Miller Hospital Hill Memorial Run and Walk

The **5K Road Race** begins at 9:00 a.m. at J.C. Blair Memorial Hospital. The route travels through the campuses of Juniata College and Huntingdon Area High School and will finish at the top of Hospital Hill". The **1 Mile Walk or Run** will begin on the hospital campus after the 5K runners take off, and the **Kids' Fun Run** will conclude the morning fitness events.

All proceeds raised from this event will benefit the Dr. David Miller Memorial Fund of the J.C. Blair Memorial Hospital Foundation.

1 Mile Walk Map



Begin at "Old Entrance" then make 3 Loops Around the Main Parking Lot

- ☆ 5K Road Race
- ☆ 1 Mile Walk or Run
- ☆ Kids' Fun Run

Monday, May 30, 2011

All proceeds will benefit the J.C. Blair Memorial Hospital Foundation

Race Information

Date and Time:

Monday, May 30, 2011

7:30 a.m. — Registration

9:00 a.m. — 5 K Run

9:10 a.m. — 1 Mile Walk or Run

9:45 a.m. — Kids' Fun Run

10:00 a.m. — Awards Ceremony

Place:

J.C. Blair Memorial Hospital

Warm Springs Avenue, Huntingdon

Registration:

Pre-register by Friday, May 13th for discounted fee. (Online registration forms are available at www.icblair.org) Register on race day beginning at 7:30 a.m. All runners will receive race packet at the hospital.

Custom designed **t-shirt guaranteed to pre-registered participants** and subject to availability thereafter.

Aids and Facilities:

A water station will be available on the course and at the finish line. Parking will be readily available at the hospital. Restrooms are available at the hospital.

Results:

Race results will be announced following the race and posted on www.icblair.org.

5K Race Awards:

☆ Top three overall males and females will be awarded.

☆ Age Group Awards (top three males and females in each age group):

Under 12	30-39
12-14	40-49
15-19	50-59
20-29	60 and older

☆ All walkers and kids will receive a participation ribbon.

Entry Form

Name: _____

Gender: Male___ Female___

Age on Race Day: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

Shirt Size: Child Sm___ Med___ Lg___
Adult Sm___ Med___ Lg___ XL___

Email Address: _____
(for Registration Confirmation)

Emergency Contact Name: _____

Emergency Contact Number: _____

Waiver: I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also assume any or all other risks associated with running/walking or attending the race including but not limited to falls, contact with other participants, the affect of the weather, getting lost, and all such risks being known to and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge J.C.Blair Memorial Hospital, all municipalities in which the event is held, the race director, course officials, all other organizations directly or indirectly associated with the race, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, for any or all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of, my participation in the event(s). This waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. BY SIGNING THIS, I ATTEST THAT I HAVE READ AND UNDERSTAND THIS WAIVER:

SIGNATURE: _____ DATE: ___/___/___

SIGNATURE OF GUARDIAN: _____
(if under 18 years of age)

Registration:

Pre-registration guarantees entrants a t-shirt. Deadline for pre-registration is May 13, 2011. Family rate is three or more from the same household, and team rate is three or more from the same sports team, work, etc. Members must pre-register together. **Fill out a separate form for each participant, but mail them in the same envelope.** T-shirts are guaranteed when pre-registering.

Post-registration includes any forms mailed after May 13, 2011. Registration on Race Day will be held from 7:30 am—8:30 am. T-shirts available while supplies last.

Entry for:

5K Run

___ \$15 before 5/13/11
___ \$18 after 5/13/11 or on Race Day
___ \$12 per member of a family or team

1 Mile Walk

___ \$10 before 5/13/11
___ \$13 after 5/13/11 or on Race Day
___ \$8 per member of a family or team

Kids' Fun Run

___ \$7 at any time (with t-shirt,
not guaranteed after 5/13/11)
___ \$5 at any time (without t-shirt)

Amount Enclosed: \$ _____

Make Checks Payable and Send Entry to:
J.C. Blair Memorial Hospital Foundation
935 Fourteenth Street
Huntingdon, PA 16652

For more information go to www.icblair.org or call (814) 643-8548.