

Registration Form

Virtual 'Rona Run 2020

Mt. Grant General Hospital

This one week long race will begin on October 19th and end October 26th. The course will be marked for all 7 days. If you wish to participate please pick anytime to start at MGGH and complete the course.

Entries for prizes must be submitted in the following ways:

Take a photo of yourself in your 5k shirt in front of the main entrance of the hospital

Or take a photo of your fitness tracker after the run and submit it to

1. Hunter Bolanos hunterm@mgghnv.org
2. Post in the 2020 'Rona Run Facebook Group

The cost of participation is \$20.00 (includes shirt)

Please provide your email below to be sent an online invoice

(Cash will be accepted, please make arrangements with Hunter Bolanos 775-945-2461x.270)

Physical forms can be dropped at of the MGGH Screening Station

Email forms to hunterm@mgghnv.org or fax to 775-945-0725

First name: _____ Last Name: _____

Age on Race Day: _____ Gender: _____ Phone Number: _____

Email: _____ Address: _____

T Shirt Size (circle one): S M L XL XXL XXXL (No shirt for me)

By signing this document I acknowledge that Mt. Grant General Hospital is not responsible for any injury/loss of property/liabilities that may happen during the course of the 5K. I am participating in a 5K at my own risk. I understand and agree to adhere to all the of the social distancing regulation and gathering restrictions and will not 1. Run the 5k in a large crowd of people living outside of my home 2. Show up to the 5k when I am feeling ill or have any symptoms of COVID-19. 3. Will wear a mask and practice social distancing when arriving and leaving the MGGH Property.

Signature: _____ Print Name: _____

Date: _____ Name of Child participant (if applicable): _____