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SHANNON
MEDICAL CENTER



BAPTIST
RETIREMENT
COMMUNITY
A DISTINCTIVE SENIOR LIFESTYLE BY BUCKNER
Hope shines here.®



OCTOBER 3, 2015

Where: SHANNON WOMEN'S AND CHILDREN'S HOSPITAL
201 East Harris, San Angelo, TX 76903

When: Registration: 7 am
1 Mile Run/Walk: 8 am
5K and 10K Run: 8:30 am
*This race will be chip timed!

Packet Pick-up and Late Registration

October 2, 2015 from 5 pm to 7 pm
Shannon Med Plaza, 102 N. Magdalen

Register online at:

WWW.SHANNONHEALTH.COM

Return registration forms to:

Shannon Marketing Department
P.O. Box 1879, San Angelo, TX 76902

Drop off at:

127 East Beauregard, San Angelo, TX 76903

For more information call 325-657-5064, email
pinkribbonrun@shannonhealth.org or go to
www.shannonhealth.com.

Be a part of the largest run in San Angelo with more than 1,000 participants. Help support the fight against breast cancer!

Route: The route will begin at Shannon Women's and Children's Hospital located at 201 E. Harris and proceed through downtown San Angelo.

A trophy will be awarded for the best Team Spirit!
Get a group of your friends together and win!

5K and 10K Awards:

High overall Male & Female
Medal awards for 1st, 2nd, & 3rd of all age groups: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over.
*Participation ribbons for all 1 milers

Entry Fees:

1 Mile: \$15 5K: \$20 10K: \$25
Military & Road Lizards: 5K: \$15, 10K: \$20
*Children 5 & under are free. Shirt not included.
Breast cancer survivors: **FREE**

Make checks payable to Shannon Medical Center

Please fill out everything below:

Survivor: YES NO

Race: 1 Mile Walk/Run 5K 10K
 Military or Road Lizards

Shirt Size: S M L XL XXL
*Shirts will be given to the first 800 paid registrants

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Male or Female **Age: (as of 10-4-14):** _____

Email: _____

Emergency Contact: _____

MAKE SURE TO SIGN RELEASE ON REVERSE SIDE.

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I also know there will be a possibility of traffic on the course. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event, including, but not limited to, falls, contact with other participants, the effects of the weather and the condition of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. I am also fully aware that I will use a wheelchair or a baby stroller or wheels of any kind at my own risk. Knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge any and all race sponsors, race officials, volunteers, San Angelo Police including any of their agents, employees, assigns or anyone acting for or on their behalf from any and 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 this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned grants permission to sponsors or agents authorized by them to use any photos, video tapes, motion pictures, or any other record of this event for any purpose. Minors accepted only with a parent or guardian's signature.
****No dogs allowed on the course****

Non-Profit
Organization
U.S. Postage
PAID
San Angelo, TX,
76902
Permit #48

SIGNATURE

DATE

GUARDIAN SIGNATURE

**P.O. Box 1879
San Angelo, TX 76902**



SHANNON PINK RIBBON RUN

SATURDAY, OCT. 3

**ALL PROCEEDS OF THIS EVENT
WILL BENEFIT:**



SHANNON MEDICAL CENTER
Women's Imaging & MRI Center