

# **Strut, Stride, Straddle, Stroll or Hilton Half**

**4 MILE WALK/RUN, 10K, 13 MILE BIKE RIDE, 1.5 MILE WALK or 1/2 MARATHON**

- In support of Blue Mountain Hospice

Saturday May 1, 2021

Races will start and end at Blue Mountain Hospice parking lot

- Arrive at 7:00: Races will begin at 8:00

Races are changing this year! Join 2021 Strut Stride Straddle Stroll/Hilton Half Marathon Facebook group for all updates

*Our races will again be focused around celebrating a life, so we ask that all people participate in memory of someone who was meaningful to them.*

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Race Participating In(circle one):

**Strut** (4 mile) **Stride** (10K) **Straddle** (13 mile bike ride) **Stroll** (1.5 mile walk) **Hilton Half** (Half Marathon)

*Please write your loved one's name on the line below.*

In Memory of: \_\_\_\_\_

I am a member of a team/family group: \_\_\_\_\_

Emergency Contact (Name & Phone) \_\_\_\_\_

Registration Fee: (Make Checks Payable to Blue Mountain Hospice)

\$20.00 per Adult \$15.00 per Child \$75 families of 8 max \$150 group/team of 8 or more

This year we will be giving masks with the 4S Logo on it to each participant: 1 per participant.

Adult masks: \_\_\_\_\_ Child masks: \_\_\_\_\_

Return pre-registration forms to: Home Health & Hospice office at 422 W. Main St in John Day

Questions: Call 541-575-1648 or email: [mthomas@bluemountainhospital.org](mailto:mthomas@bluemountainhospital.org)

**Parents must sign for ALL children under 18 years of age:**

Waiver: in consideration of being permitted to participate in the Strut, Stride, Straddle & Stroll event I hereby for myself, my heirs and personal representative assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue Blue Mountain Home Health & Hospice, Blue Mountain Hospital District, employees, sponsors, organizers, volunteers or other representatives for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in this event. I agree to the use of any photo or video of this event for any purpose.

**Adult Signature:** \_\_\_\_\_

Proceeds from this event will go to Blue Mountain Hospice

Thank you for your support and we are looking forward to seeing you!