

**Pioneer Memorial Hospital & Health Services**  
**Danish Days 5K RUN/Bike & 1 Mile WALK/Bike**  
**July 20, 2024**

**Registration: 7:30 am to 8:15 am**

**Race Time: 8:30 am**

One registration form per person. Please print.

***(Participants in the 1 Mile Walk & Bikes will not be timed. It is a Fun Walk only.)***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Age on day of race \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Race Event / Registration Fee**

**Sex**

**T-Shirt Size (Adult)**

**T-Shirt Size (Youth)**

5K Run      \$ 20

1 Mile Walk    \$ 10

5K Bike        \$ 20

1 Mile Bike    \$ 10

Male

Female

X-Small

Small

Medium

Large

XL

XXL

X-Small

Small

Medium

Large

XL

**Location:** Pioneer Memorial Hospital & Health Services

315 N. Washington, Viborg, SD 57070

(605)326-5161

**Waiver and Release of Liability**

I know that running in a road race is potentially hazardous activity. I attest that I am physically fit and prepared for this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running/walking in this event including but not limited to falls, contact with other participants, the effects of weather, traffic, and the conditions of the road race. I have read this waiver and knowing these facts I, for myself, and anyone entitled to act on my behalf, waive and release Pioneer Memorial Hospital & Health Services, the city of Viborg and all sponsors, supporters, their respective and successors from all claims of liabilities of any kind, existing out of my participation in this event. I assume payment for any or all emergencies of mine that may arise. I certify that I have read the above, and all information provided on this form is true and complete with my signature. I will abide by these guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_