

2010 Goldsborough Creek Run/Walk/Jog

A Mason County Forest Festival Event

7-Mile Run or Walk • 2-Mile Run or Walk • 1/4-Mile Junior Jog

Course:

All events finish at the Shelton Post Office.

Run and Walk events start at the Shelton Valley Christian School on Shelton Valley Road (see map). The Junior Jog starts at 7th Street and Railroad Avenue.

All Run/Walk participants must check in prior to 7:30 a.m. (7-Mile walkers by 6:30 a.m.) at the Post Office Park, Shelton. Junior Joggers check in by 9:00 a.m. All participants must wear a competitor number provided by the sponsor.

Please return a completed Entry Form with applicable fee by May 28th (May 15th if ordering a dry-wick shirt). Day of race registration must be completed by 7:15 a.m. All participants must sign a liability waiver (see attached) to participate in the race.

Goldsborough Creek Run-Walk-Jog registration and check-in must be completed by all participants at the Shelton Post Office, located on Railroad Avenue (see map). From Highway 101 take the Shelton/Matlock Road exit and turn east toward the city center. No parking is allowed on Railroad Avenue due to the race and parade. From there, **participants will be transported by shuttle bus to the start lines**. The last shuttle leaves the Post Office at 7:40 a.m.

For more information, entry forms, or post-race results, go to www.MasonGeneral.com/creekrun.htm

Sponsored by Centennial Hospital Guild
Proceeds to benefit the
Mason General Hospital Foundation



Registration Fees:

- \$35 with Run dry-wick shirt
Cut-off date to order is May 15th
- \$20 without Run shirt
- \$10 for Junior Jog
(Includes commemorative gift)

Date/Place:

Saturday, June 5, 2010
Shelton, Washington

Check-in begins at 6:00 a.m. at the Shelton Post Office

- 7:00 a.m.** Goldsborough Creek 7-Mile Walk starts
- 8:00 a.m.** Goldsborough Creek 2-Mile Run/Walk starts
7-Mile Run starts
- 9:30 a.m.** Junior Jog starts at 7th Street and Railroad Ave.
- 9:45 a.m.** Goldsborough Creek Run Awards presented at the Shelton Post Office
- 10:30 a.m.** Kiddie Parade starts
- 11:00 a.m.** Mason County Forest Festival Paul Bunyan Parade starts

Questions?

Contact Sheryal Balding at 360-426-5821 or e-mail her at G_CreekRun@comcast.net

2010 Goldsborough Creek Run/Walk/Jog Routes



GOLDSBOROUGH CREEK



RUN • WALK • JOG

7-Mile Run or Walk
2-Mile Run or Walk
1/4-Mile Junior Jog

Saturday, June 5, 2010
A Mason County
Forest Festival Event
Shelton, Washington



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www.MasonGeneral.com

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ENTRY FORM (*One Entry per Form)

Please return **entire** form by May 28th with Entry Fee payable to:
Centennial Hospital Guild, c/o 50 East Park Place, Shelton, WA 98584.
If ordering a shirt, entry must be received by May 15th.

Name _____ Phone (____) _____
Please Print

Address _____ City _____

State / Zip _____ E-Mail _____

Category: Male Female

Run/Walk Age Group: 9-14 15-19 20-29 30-39
 40-49 50-59 60-69 70 +

Junior Jog Age Group: 3-5 6-8

Event: (Mark one per entry form)
(Note: Walk events and junior jog are non-competitive for awards)
 2-Mile Run 7-Mile Run
 2-Mile Walk 7-Mile Walk
 ¼-Mile Junior Jog

Fee: \$35 with dry-wick commemorative shirt
 Youth sizing Adult sizing
 Small Medium Large X-L XX-L
 \$20 without shirt
 \$10 Junior Jog (includes commemorative gift) *If a shirt is also desired, add an additional \$25 and mark youth sizing above. Order must be received by May 15th.*

RELEASE AND WAIVER OF LIABILITY

By my signature below, I execute the following release and waiver of liability and assumption of risk and indemnification in favor of Mason General Hospital Foundation, a Washington non-profit corporation organized and existing under the laws of the State of Washington, USA, its affiliates and associated parties including but not limited to Centennial Hospital Guild, Mason County Forest Festival Association, the City of Shelton, Mason County, and all entities' directors, officers, employees, volunteers and agents (collectively "MGH"). In consideration of acceptance of this entry form authorizing participation by myself/my minor child in the Goldsborough Creek Run/Walk (hereinafter "Event"), I execute this waiver/release and assumption of risk/indemnification on behalf of myself, my heirs, executors, administrators, and all other parties including my marital community, and any other individual with parental/guardianship interests. I/my child desire to participate in the Event. I understand that participation in the Event presents elements of risk, including but not limited to risk of injury, harm, illness, death and property damage. I understand that I bear the responsibility of ensuring that I/my child am/is medically able and properly trained to participate in the Event. I hereby freely, voluntarily, of my own will (and after consultation with and approval by my spouse and/or any other individual with parental/guardianship interests in the case of Event entry by my minor child), agree to release, forever discharge and hold harmless and indemnify MGH from any liability with respect to any claim that may arise, related in any way to my/my child's participation in the Event. I intend this release, waiver, indemnification and assumption of risk to be as broad in its extent and purpose as the law will allow, including claims arising from MGH's negligence.

I authorize the provision of medical care/treatment as deemed necessary by MGH, and intend this waiver to apply to any treatment or other medical services rendered in connection with my/my child's participation in the Event. I understand that MGH does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for Event participants. Each participant is expected and encouraged to carry insurance prior to participating in the Event.

I have read this entire Release and understand all of the provisions. I understand that I may consult with independent legal counsel before signing this agreement if I have any questions or concerns. I express my agreement with the foregoing provisions by my signature below.

Name of Adult Participant or
Minor Child Participant (please print): _____

Signature of Adult Participant or
Parent/Guardian of Minor Participant: _____

Date Signed: _____ Participant's Age _____

Participant's Phone # _____

Participant's Address: _____

City/State/Zip: _____