



# MENTAL HEALTH SUICIDE AWARENESS 5K - 2022

## Registration Form

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

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First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Register and Pay by July 8th to guarantee a shirt.

### PLEASE CHECK ONE:

**\$20** Single Person  **\$35** Family  
 includes 1 shirt (immediate family members only)  
 includes 2 shirts  
**Additional shirts \$8 each**

### Shirt Size(s) & Number of Shirts

**Adult** S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ 2XL: \_\_\_\_\_

**Youth** S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_

Please drop off entries to Thorbeckes TAP gym or any Thorbeckes Wellness Center location.

Or mail to 91 SW Chehalis Ave. Chehalis, WA 98532

**Please make checks out to Thorbeckes Wellness Center**

I the undersigned, being advised of the conditions of this race assume all risks incident to my participation, I hereby release myself, my heir, executor and administrations, Thorbeckes Wellness Center, Thorbeckes TAP, City of Chehalis and all sponsors of this race including all race volunteers and officials, from any and all claims, demands, actions, or causes of actions incident to my participation in Thorbeckes/Drew North 5K 2022. I hereby grant permission to Thorbeckes to take and use photographs of myself and child to use in printed publications or materials, electronic publications (social media) and websites.

**THANK YOU SPONSORS!!!**

Participant Signature

STAFF USE:

receipt # \_\_\_\_\_ Initials: \_\_\_\_\_