

## How to Enter

Please fill out the attached registration form and make checks payable to West Park Hospital

### Registration form may be pick-up or dropped off at:

West Park Hospital  
Information Desk  
707 Sheridan Ave  
Cody, WY 82414

Park County Animal Shelter  
5537 Greybull Highway  
Cody, WY 82414

Forms may also be picked up at the Cody Country Bed and Biscuit and Rec Center

### Mailed to:

(with complete entry form and payment)

West Park Hospital  
c/o Kim Sommers  
707 Sheridan Ave  
Cody, WY 82414

## Early Entry Fee: \$25.00

~Pre-register by August 23rd, 2010 for a \$25.00 fee and guaranteed giveaway  
~A late-registration fee of \$5.00 (\$30.00 total) will be applied to all entries received after August 24th, 2010. We are unable to guarantee gift bags for late registration  
~Entries are non-refundable and non-transferable

West Park Hospital  
Tails and Trails 5K Run/Walk  
707 Sheridan Ave  
Cody WY 82414



Hosted by:



August 28, 2010  
Start: 8am

**Saturday August 28th, 2010**  
**5K Run / Walk begins at 8:00a.m.**

Entry fee includes a gift bag  
 and post-race refreshments

Race packets can be picked up the morning  
 of August 28th at West Park Hospital (in  
 Cedar Mountain Center parking lot)

Race begins at 8 am from the Cedar Moun-  
 tain Center lawn and festivities will be held  
 in the parking lot located next to the Buf-  
 falo Bill Statue.

**Events**

**5K Run**

A fun run to get you moving. Prizes will be  
 awarded to the top three men and women  
 finishers overall and the top men and women  
 finishers of each age group. The Race will be-  
 gin at 8am.

**5K Walk**

The walk begins at 8 am. Feel free to bring  
 pets to the walk however they must be on a  
 leash and you are responsible for clean-up.

**2010 Tails and Trails 5K Run/Walk**

1. Check which race you are entering  
 Only one entry per application, please

- 5k Fun Walk       5k Run

2. Division

Check both gender and age group, please

- Male       Female
- 12 and under     13-19       20-29
- 30-39       40-49       50-59
- 60-69       70+

3. Contact Information

Full Name: \_\_\_\_\_

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

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

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

5. Terms of Participation

*I hereby agree that West Park Hospital and Park  
 County Animal Shelter are not responsible should I or  
 my pet receive any injury while participating in the  
 Tails and Trails 5K Run/Walk. I also understand that if  
 I am a West Park Hospital employee, any injury in-  
 curred while participating in a wellness activity is not  
 a workman's comp claim. I assume any and all risk  
 while participating in these activities.*

*I understand that all children under 18 must be FULLY  
 SUPERVISED AT ALL TIMES by a parent or guardian.*

Agreed to this \_\_\_\_ day of \_\_\_\_\_, 2010

Signed \_\_\_\_\_  
 (Parent or guardian if under 18)

Witness \_\_\_\_\_

