



HUDSON DAYS FUN RUN

PRESENTED BY ST. TIMOTHY LUTHERAN CHURCH

Hudson Days 2 Mile Fun Run/Walk

Saturday July 16, 2022 • 8:00am

Hudson City Park

Corner of 2nd and Washington St. Hudson, IA

***Packet pickup: Friday, July 15 6pm at the City Park during the Lion's Pie Social or 7:30am on race day**

Co-sponsored by:

St. Timothy Lutheran Church • Thrivent

With support from:

Bill Colwell Ford • Pinnacle Snacks

Fun Run/Walk Registration Form

Please complete one form per participant

register online at <http://getmeregistered.com/HudsonFunRun>

Mail form to: St. Timothy Lutheran Church
PO Box 567
Hudson, IA 50703

Make Checks Payable to: St. Timothy Lutheran Church

Type of registration:

individual \$20.00 by July 10, 2022

\$25.00 after July 10, 2022

(No t-shirt guarantee after July 10)

family \$55.00 by July 10, 2022

(same household)

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email:** _____

Gender: male female **Age:** _____

Awards for overall male/female finisher AND top male/female finisher in age categories.

Shirt size Youth S M L
(Bella Canvas Unisex Jersey Tee: circle only one)

Adult S M L XL 2XL 3XL
Adult 2XL & 3XL shirts add an additional \$2.00

This is a 2 mile fun run/walk through the City of Hudson, using roads and trails. In the interest of safety roller blades/roller skates are not allowed. In the event Fun Run is canceled, no refund will be made. T-shirt orders will be honored and available for pick-up the week of July 18th.

Waiver of Liability: In consideration of your acceptance of this race entry, I, for myself, my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, known and unknown that I may have against St. Timothy Lutheran Church, City of Hudson and Hudson Days members and agents for any and all injuries in any manner arising or resulting from my participation in the race. I attest and verify that I have full knowledge of the risks involved in this race, that I freely and voluntarily assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I am physically, if not sufficiently trained to participate in this race.

I have read the waiver and certify my agreement by my signature below

Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

(If participant is under 18)

Questions?
Contact Barb Prather
peteprath@aol.com or
Amy Rueber
a.rueber@mchsi.com