

Pioneer Memorial Hospital & Health Services
Danish Days 5K RUN/Bike & 1 Mile WALK/Bike
July 19, 2025

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 _____