

Pioneer Memorial Hospital & Health Services

Danish Days 5K Run/3K Walk Viborg, SD

Entry Fee:

\$15 5K Run

\$10 3K Walk

Includes free T-Shirt

7:00 a.m. Registration

8:00 a.m. Start

front of hospital

315 N Washington St.

Both Walk & Run
flighted by gender
and age group.

Danish Days Celebration

Danish Days in Viborg has a long and rich history dating back to Viborg's earliest days. Originally celebrated on June 5th to coincide with Denmark's Independence Day, Viborg's celebration was moved to the third weekend in July because of scheduling conflicts.

Viborg still hosts many of the same events that our founding fathers did such as a parade, ethnic food, ball tournaments and dances to name a few. We invite you to come visit us in Viborg and be a "Dane for a Day!"

All New Routes!

**Register online at
[allsportcentral.com](http://www.allsportcentral.com)**

<http://www.allsportcentral.com/>

Type in Danish Days for Event Search Keyword,
click on **Go** and then [Danish Days](#)

**or, print off registration form,
complete, and bring to event.**

(605) 326-5161 extension 3029

**Pioneer Memorial
Hospital & Health Services**

SANFORD

315 N Washington St., Viborg, SD

Pioneer Memorial Hospital & Health Services
5K Road Race & 3K Walk
Saturday, July 16, 2011

One registration form per person. Please print.

Name _____ Phone _____
Address _____ Age on day of race _____
City _____ State _____ Zip _____
Male Female 5k Run 3k Walk (remember – runners may walk as much as they want, but walkers may not run at all)
(Circle appropriate selections above)

Location: Pioneer Memorial Hospital & Health Services
315 N. Washington, Viborg, SD 57070
(605)326-5161

Entry fee: \$15 – 5K Run \$10 – 3K Walk

Circle tee shirt size: ADULT S M L XL XXL

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 _____

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