

# Couch-To-5K Program Offered

**Registration:**  
March 1 - April 3

**To Register:**  
419.483.5555  
[www.bellevuerec.com](http://www.bellevuerec.com)

## Hosted by The Bellevue Hospital, Bellevue Recreation Department and Huron Public Health

The Bellevue Hospital, Bellevue Recreation Department and Huron Public Health are encouraging you to get up and get moving with a Couch-to-5K Program. The nine-week training plan is free, and will prepare participants for a 5K Race, whether it is their first time or they want to get back into racing.

Participants will meet at various locations throughout Bellevue once a week on Tuesdays. Training will consist of 3 workouts per week, with one scheduled as a group meeting.

**Open Registration:** March 1 – April 3, 2017  
**Informational Meeting:** April 11, 2017 at 6:00 p.m., Burson Conference Room at The Bellevue Hospital  
**Additional Program Dates:** Tuesdays, April 18 – June 13, 2017 from 6:00 – 7:00 p.m. Locations TBD

**Final Race:** Dr. D. Ross Irons 5K Memorial Run/Walk  
Friday, June 23, 2017 at 7:00 p.m. at the Bellevue High School Track  
**Race Fee is \$25 with all proceeds to benefit The Bellevue Hospital Mammography Fund**

Prizes will be awarded based on the number of meetings you attended and the completion of the Dr. D. Ross Irons 5K. **Register online at [www.bellevuerec.com](http://www.bellevuerec.com).** Forms may also be mailed or dropped off to the Bellevue Recreation Department, 110 Cherry Blvd., Bellevue, OH 44811. **For more information, contact the Bellevue Recreation Department at 419.483.5555.**

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

*I agree that I will not hold the Bellevue Recreation Department, The Bellevue Hospital, Huron Public Health or any other organizing parties liable for any injuries incurred during the Couch-to-5K program. I assume all responsibility as a result of being permitted to participate in this event.*

SIGNATURE \_\_\_\_\_

(parent/legal guardian if under the age of 18)

DATE \_\_\_\_\_



**Huron County**



**Public Health**