

Clay County Hospital  
5th Annual Move for the Cure.

2014



Saturday, October 11, 2014

Registration Fee: \$25.00

Final Registration begins at 7:30 AM at CCH Clinic. Race starts at 8:00 AM from CCH and will end at the Floyd Henson JR High School. Proceeds from the event will be donated to Clay County Cancer Support Group, Clay County Cancer Crusaders, and for providing mammograms to the uninsured. Please meet at the registration table prior to the event.

Awards for the event will be given to each male and female winner in each age division.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Gender: M or F Breast Cancer Survivor Y or N

Age Category of participation:

9 & under 10-17 18-24 25-34 35-44 45-54 55 & Older

Shirt Size Youth XS S M L Adult S M L XL 2XL 3XL

Please circle t-shirt preference Moisture Management or Standard  
(Tends to run 1 size smaller)

Youth shirts are standard t-shirts only.

Purchase extra t-shirt for \$15 Size \_\_\_\_\_

Signature: \_\_\_\_\_

Please return the registration form and the signed liability waiver along with your \$25 registration form fee to Clay County Hospital Radiology Dept. Attn Tisha Kitley 911 Stacy Burk Drive, Flora, IL 62839 by Sept. 26<sup>th</sup>. Late entries will be accepted the day of the race, but t-shirts may not be available.

## **RELEASE AND INDEMNIFICATION AGREEMENT**

### **MOVE FOR THE CURE 5K WALK/RUN**

Each adult participant must sign this release. Entrants under 18 years of age must have a parent or guardian sign.

In signing this form for myself and/or the participant listed here on, I understand and agree that although the organizers of the "Move for the Cure 5K Walk/Run" have exercised due care to promote the safety of the participants, there are factors present including, but not limited to, traffic, other participants, weather, etc., that are beyond the control of the organizers. I agree to absolve all organizers and volunteers assisting with the event, be they individuals or organizations, of all blame for the injury, misadventure, harm, loss or inconvenience, suffered as a result of taking part in the "Move for the Cure 5K Walk/Run", or in any associated activities. I further agree to follow all applicable laws and regulations for the event as set forth by statute and as set forth in any literature or during any discussion with organizers or assisting volunteers, and will conduct myself in a safe and prudent manner. I am aware that the event takes place regardless of weather conditions.

I further agree to indemnify and hold harmless the organizers and volunteers conducting the "Move for the Cure 5K Walk/Run" from and against any and all claims, suits, damages, costs, losses, and expenses, in many manner resulting from or arising out of participating in the "Move for the Cure 5K Walk/Run".

In the event of a medical emergency, I hereby authorize and consent to such emergency medical care, as medical personnel shall advise.

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Participant Printed Name

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Participant Signature

(If under 18 years of age, parent or guardian signature)