2010 5K & 1 Mile Walk/Run Application

GRAHAM HEALTH SYSTEM

September 18, 2010 --- Wallace Park --- 8:00 a.m. Shotgun Start
Race day registration and race packet pick-up open at 7:00 am
Register Online at: www.signmeup.com/71756

First Name (Please Print) Last Name (Please Print)

Street Address

City State Zip Code

Home Phone Other Phone

Date of Birth (Month/Day/YR) Age (on Sept. 18th) Sex (M F) T-Shirt Size (S M L X XX)

Please Select 5K Run or 1 Mile Walk/Run

Participation in the Graham Health System 5K & 1 Mile Walk/Run is open to all ages. Runners under the age of eight must be accompanied by an adult who is registered in the race.

For participant and spectator safety, running with pets, music head-sets, and strollers is prohibited.

☐ **Register me for the 5K Run**	☐ **Register me for the 1 Mile Walk/Run**

Entry Fees

Regular Entry Fee	Late Entry Fee
$20 through September 10, 2010	$25 September 11 through September 18, 2010

WAIVER

In consideration of the foregoing, I myself, my executors, Administers, and assignees do hereby release and discharge the Canton Park District, WBYS Radio, Graham Health System and any other sponsors and/or volunteers for any claims of damages, demands or actions whatsoever in any manner arising or growing out of my participation in the Graham Health System 5K or 1Mile event. I further acknowledge there are inherent risks associated when choosing to participate in an event such as this and I have sufficiently trained and am in good health to do so. I also understand that although police and race marshal protection will be provided, I assume the risk of running in traffic.

In the event of an emergency, I authorize the Canton Park District and race officials to secure from any licensed hospital, physician or medical personnel, any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above and release the above of all claims and grant permission to secure treatment. I also grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Participant Signature Date

Parent/Guardian Signature (if participant under 18) Date

Return entry form, waiver and check payable to: Canton Park District, 250 S. Avenue D, Canton, IL 61520

The Graham Health System 5K & 1 Mile Walk/Run is presented by:
Canton Park District
And
WBYS - AM 1560

WBYS THE VOICE OF FULTON COUNTY AM 1560