



Sarah Bush
Lincoln
ENTRY FORM

2019 Title Sponsor:



2019 Half Marathon Sponsor:



Saturday, May 11, 2019 • O'Brien Stadium, EIU Campus

Check the event you are entering. Please complete a separate form for each participant.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Half Marathon 7 am
\$45 entry fee
\$50 day of event
Medals for finishers | <input type="checkbox"/> 10K Individual 7:50 am
\$30 entry fee
\$35 day of event
\$5 kids 17 & under
Medals for finishers | <input type="checkbox"/> 5K Timed Run/Walk 8:15 am
\$30 entry fee
\$35 day of event
\$5 kids 17 & under
Medals for finishers | <input type="checkbox"/> 1 Mile Fun Run/Walk 9:30 am
\$15 entry fee
\$20 day of event
\$5 kids 17 & under
Medals for finishers |
| <input type="checkbox"/> I am running/
walking with a
team or group

Team name _____ | <input type="checkbox"/> Veteran
Please select a race _____ | <input type="checkbox"/> Toddler Trot 10:15 am
FREE
No registration required
Prizes given at finish line
(no t-shirts for TT participants) | <input type="checkbox"/> Diaper Dash 10:15 am
FREE
No registration required
Prizes given at finish line
(no t-shirts for DD participants) |

First Name _____

Last Name _____

Street Address _____

City _____

State _____ Zip _____

Male Female

Date of Birth (mm/dd/yyyy) _____

Age _____

Daytime Phone _____

Evening Phone _____

Email Address (required to receive email updates) _____

WAIVER MUST BE SIGNED TO BE PROCESSED

By signing at the right, I acknowledge my understanding that my participation in the 2019 Races for All Paces and/or any pre- or post-Event activities (collectively, the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am physically fit and have sufficiently trained for the Event and that, if appropriate, my physical fitness to participate in the Event has been verified by a licensed medical doctor. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury (including death); accidents; the effects of weather; and terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, spectators, participants, and natural and man-made obstacles (including without limitation, vehicles, security barriers, signs, cables, mats and debris on the course.) In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive any and all rights, claims and causes of action I have or may have against any Race Organizer that may arise as a result of my participation in the Event. For these purposes, a "Race Organizer" is any one or more of the following; Sarah Bush Lincoln Health System, Sarah Bush Lincoln Health Center; all governmental agencies representing the territory in which the Event will be held; all sponsors, agents, vendors, and contractors of or for the Event; medical service providers; and the officers, directors, employees, representatives, successors and assigns of each of the foregoing. I hereby agree to indemnify all Race Organizers for all claims and losses (including attorneys' fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event. I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event's website. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.

I further grant full permission to use and/or reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital), for any legitimate purpose, including sales and marketing purposes. I understand and agree that information about me that is collected by the Race Organizers, including without limitation information on this form, my Event results, and any and all health information that I may disclose to Event medical personnel, may be disclosed to third parties for any legitimate purpose, including sales and marketing purposes, and that it may be subject to re-disclosure by the recipient(s).

Please specify shirt size

- | | |
|------------------------------|-----------------------------------|
| Adult | Youth |
| <input type="checkbox"/> S | <input type="checkbox"/> S 6/8 |
| <input type="checkbox"/> M | <input type="checkbox"/> M 10/12 |
| <input type="checkbox"/> L | <input type="checkbox"/> L 14/16 |
| <input type="checkbox"/> XL | <input type="checkbox"/> XL 18/20 |
| <input type="checkbox"/> XXL | |

T-shirt sizes not guaranteed.



Signature of Applicant _____

Signature of Parent or Legal Guardian - For participants under 18 years of age _____

Make checks payable to SBL Healthy Communities and mail to:

SBL Healthy Communities
102 W. Buchanan Ave.
Charleston, IL 61920
Attn: Laura Bollan

Questions? Phone **(217) 345-6828**
or E-mail lbollan@sblhs.org

**We are not a closed course.*