



# HONORING ALL CANCERS

**8 am • Saturday, October 8 • Mattoon, IL • \$20**

5K starts at the Mattoon Bus Depot and finishes at the YMCA

\_\_\_\_\_  
First Name *(one entry per participant)*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Male  Female

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Age

\_\_\_\_\_  
Daytime Phone Evening Phone

\_\_\_\_\_  
Email Address

- I am a Cancer Survivor
- I am a Cancer Warrior

Please specify shirt size (T-shirt sizes not guaranteed.)

- |                              |                                   |
|------------------------------|-----------------------------------|
| <b>Adult</b>                 | <b>Youth</b>                      |
| <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 |                                   |

**Make & Take Your Tutu!** *(Optional)*  
**6 to 8:30 pm**  
**Wednesday, Sept. 28**

Lumpkin Family Center for Health Education at SBL

**To sign up for a class:**

Call **217-258-2420** to reserve your seat or register online at [www.sarahbush.org](http://www.sarahbush.org). Cost is **\$10** - bring scissors.



## WAIVER MUST BE SIGNED TO BE PROCESSED

By signing at the right, I acknowledge my understanding that my participation in the 2016 Paint the Town 5K Color Run 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).

\_\_\_\_\_  
Signature of Applicant

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

*Make run checks payable to SBL Foundation and mail to:*

**SBL Healthy Communities**  
 655 W. Lincoln  
 Charleston, IL 61920  
 Attn: Laura Bollan

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

