



Sarah Bush Lincoln

ENTRY FORM

Saturday, May 13, 2017 • EIU Campus

**We are not a closed course.*

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Half Marathon 7 am | <input type="checkbox"/> 10K Individual 7:50 am | <input type="checkbox"/> 5K Timed Run/Walk 8 am | <input type="checkbox"/> 1 Mile Fun Run/Walk 9:30 am |
| \$40 entry fee | \$25 entry fee | \$25 entry fee | \$10 entry fee |
| \$50 day of event | \$35 day of event | \$35 day of event | \$15 day of event |
| Medals for finishers | \$5 kids 17 & under | \$5 kids 17 & under | \$5 kids 17 & under |
| | Medals for finishers | Medals for finishers | Medals for finishers |

I am running/walking with a team or group

Team name _____

Toddler Trot 10:15 am

FREE

No registration required
Prizes given at finish line
(no t-shirts for TT participants)

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 2017 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

- S
 M
 L
 XL
 XXL

Youth

- S 6/8
 M 10/12
 L 14/16
 XL 18/20

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
655 W. Lincoln, Suite 14
Charleston, IL 61920
Attn: Laura Bollan

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