

RELAY TURNS PINK

FOR BREAST CANCER AWARENESS!

Pink Color Fun Run/Walk 5K & 1 Mile

Saturday, October 21st - Workman Sports Complex, Effingham, IL

Registration begins at 9:00 a.m.

Run/Walk starts at 10:00 a.m.



FREE REGISTRATION for cancer Survivors and children under 10, a legal guardian must accompany children under 10. (Must fill out registration form). Event is rain or shine. This is a fun run/walk with NO professional timing. PINK COLOR stations will be positioned along the route!

Come in your PINKEST attire to support the breast cancer survivors!

ENTRY FORM & WAIVER

Each runner/walker needs to fill out a separate registration form.

Event: _____ 5K _____ 1 Mile

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Age on event day: _____ Are you a Cancer Survivor: _____

Please chose one:

_____ Registration ONLY: \$15

_____ T-shirt ONLY: \$10 (Registrations turned in by October 10th are guaranteed a shirt)

_____ Registration and event t-shirt: \$25

Please mark t-shirt size if ordered: ___ YS ___ YM ___ YL ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL



Payment:

Please make checks payable to: American Cancer Society & mail registration form & payment to:
American Cancer Society Attn: Effingham County 675 E. Linton Ave. Springfield, IL 62703.

Both waivers must be signed below

YOU MUST SIGN THE FOLLOWING WAIVER: I _____ (Participant/Parent/Guardian) have enrolled _____ (Participant's name) in a program of strenuous physical activity, offered by The Workman Sports & Wellness Complex. I herby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program. In consideration of myself, my heirs and assigns, herby release by the Workman Sports & Wellness Complex from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I herby release the Workman Sports & Wellness Complex, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splits, heat prostration, knee lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at the Workman Sports & Wellness Complex or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by the Workman Sports & Wellness Complex, for any reason. I agree that my child's picture or likeness can be represented and published in any by the Workman Sports & Wellness Complex. By signing, I herby affirm that I have read and fully understand and agree with the above waiver.

Signature of participant: _____

Signature of parent/guardian (if under 18): _____

YOU MUST SIGN THE FOLLOWING WAIVER: I have conditioned myself in order to participate in the Relay Turns Pink 5k & 1 Mile Fun Walk/Run. I waive any rights I may have against American Cancer Society/Relay For Life of Effingham County, and any sponsors or personnel representing the aforementioned for damages or injuries occasioned by my participation in the Relay Turns Pink 5k & 1 Mile Fun Walk/Run. I have read the foregoing, am of legal age to consent to the waiver and have trained to the best of my ability for this Run/Walk. I grant permission to use photos or records of myself by the Relay For Life of Effingham County.

Signature of participant: _____

Signature of parent/guardian (if under 18): _____