



# Run For Your Life

## 4th Annual 5K Run/Walk & Kids Fun Run

Sponsored by Breese Dental Care Health & Wellness Initiative



### All money collected benefits American Cancer Society Relay For Life

- Date/Time:** Saturday, June 11, 2016 8:00am - 5K starts • 9:00am - Kids Fun Run (10 & under)
- Location/Courses:** Start/finish for both events will be at Breese Dental Care. 111 N. Main Street • Breese, IL
- Timing:** Toolen's Running Start
- Awards:** Top male and female overall in the 5K run will receive an award. Top three male and female finishers in each of the following age groups will receive a medal: 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60 & over. The Kids Fun Run is a non-competitive event and all fun run participants will receive a medal.
- Registration:** Registration forms can also be downloaded from [www.breesedentalcare.com](http://www.breesedentalcare.com). Registration will be available day of race 6:45 am – 7:45am. Note: Event may be cancelled due to threatening weather. Entry fees are non-refundable.
- Shirts:** Event T-shirts provided for pre-registered entrants. Race day & late registrations are not guaranteed a shirt.
- Entry Fees:** 5K: \$25 prior to May 27<sup>th</sup> • \$30 after Kids Fun Run: \$15 before May 27<sup>th</sup> • \$20 after
- Packet Pick-Up:** 6:45 am – 7:45 am on race day

For race information or questions, contact Kathy at 618-526-2020 or [kathy@breesedentalcare.com](mailto:kathy@breesedentalcare.com).



Please cut and mail this form with check made payable to AMERICAN CANCER SOCIETY to: Breese Dental Care, 111 North Main Street, Breese, IL 62230. ONE ENTRY PER FORM

Name: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ One Race Day ☐ Male ☐ Female

T- Shirt Size: ☐ Youth-S ☐ Youth-M ☐ Youth-L Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Event: ☐ 5K Timed ☐ 5K Non-Timed ☐ Kids Fun Run Amount Enclosed: \_\_\_\_\_

**Disclaimer/Waiver of Liability:** I understand that competing in a race is a potentially hazardous activity. I know that I should not enter a race unless I am medically able and properly trained. I agree to abide by the decisions of the race officials relating to my ability to safely complete the race. I assume all risk associated with participating in the event. Having read this waiver, my signature verifies that I understand the above and that upon your acceptance of this application, the entry fee is non-refundable. Myself and anyone entitled to act upon my behalf, release Breese Dental Care and American Cancer Society Relay for Life and any volunteers from all claims or liabilities of any kind arising from my participation in this event. Further, I grant full permission for the free use of my name and any photographs from this event for legitimate purposes.

Signature (Parent or Guardian signature if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

I'm running/walking in honor of: \_\_\_\_\_ in memory of: \_\_\_\_\_

☐ I'm a Caregiver ☐ I'm a Survivor