



# Run for Your Life 5K

## Saturday, May 30, 2015

Race starts at 9 a.m.

All proceeds benefit

**American Cancer Society Relay for Life**

**Location: Breese Dental Care, 111 North Main Street, Breese, IL**

**Race Day Registration and Packet Pick Up: 7:00 a.m. – 8:30 a.m.**

Race participants registered by May 14 will receive a t-shirt.

Pre-registration will continue through 8:30 a.m. on race day. T-shirt not guaranteed.

Packet pick up: May 28, 4 p.m. – 7 p.m.; May 29, 8 a.m. – 5 p.m.

Timing provided by Fleet Feet

Top 3 medals awarded in each age group: 13 & under, 14-19, 20-29, 30-39, 40-49, 50 & over

Refreshments will be provided after the race

Please make entry fee of \$25 payable to American Cancer Society and mail to:

Breese Dental Care  
111 North Main Street  
Breese, IL 62230

Contact Shani at 618-526-2020 or [shani@breesedentalcare.com](mailto:shani@breesedentalcare.com) for questions

*As with any cancer, early discovery can save your life. Please have an oral cancer exam done every year with Velscope.*

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I am running in Honor of \_\_\_\_\_ in Memory of \_\_\_\_\_

I am a Caregiver

I am a Survivor

T-shirt size (Please circle one) Adult: S M L XL XXL Youth: S M L

**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 this 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's 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 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian if under age 18 \_\_\_\_\_

*This event hosted by Breese Dental Care's Health and Wellness Initiative  
- Improving Our Community One Life at a Time-*

