



7th Annual

"Run for the Health of it"

Halloween Hustle

5k Run/Walk



Date: Saturday, October 21, 2017 **Time:** 9am
Place: Starting Line @ the Oquawka Track

*Prizes will be awarded for best costume and fastest male and female!
101.7 "The Bull" will be broadcasting LIVE!
Sign up today!*

Registration Fee through October 5th \$20, after October 5th \$25
Make checks payable to EVCHS (race fees are non-refundable)

Registration can also be completed @ www.getmeregistered.com/RunForTheHealthOfIt

Name _____

Mailing Address _____ State & Zip _____

E-mail Address _____ Phone _____

Date of Birth _____

Shirt Size: Adult S, M, L, XL, XXL

(Note - Race T-Shirts guaranteed for pre-registration ONLY and are not available to ages 14 and under)

Ages 14 & under is free registration.

I hereby acknowledge that I voluntarily applied to participate in the Eagle View Community Health System "Run for the Health of It" race event. I understand the activities involve risks and hazards, and that I am fully capable of participating in these activities. I am willing to assume the risk of injury, death or loss of personal property, and expenses thereof, as a result of any cause, but not limited to, my own negligence or the negligence of others participating in the race. I hereby release, indemnify, and hold harmless organizers, sponsors, their officials, agents, volunteers, participants, employees, officers, and directors (this includes the State of Illinois, Village of Oquawka, and Eagle View Community Health System) for any claim, case of action or liability arising from or by reason of any bodily or personal injury, death or loss of personal property. This agreement will serve as a release and assumption of risk from me, and all members of my family. I also authorize any emergency medical treatment in case of injury. I understand that any medical costs incurred will be my own responsibility. I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I may have, and I enter into this contract on behalf of myself and/or my family of my own free will.

Signature _____ Date _____

Parent/Guardian if under age 18 _____ Date _____

Please mail form to:

EVCHS
5k Run/Walk
Attn: Shannon Courson
P.O. Box 198
Oquawka, IL 61469