



# Run for Your Life 5K

## Saturday, May 31, 2014

Race starts at 9 am

All Proceeds Benefit American Cancer Society Relay for Life

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

**Race Day Registration & Packet Pick Up: 7:00 – 8:30 am**

Race participants registered by May 14<sup>th</sup> will receive a T-shirt.

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

Timing provided by Running Start.

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

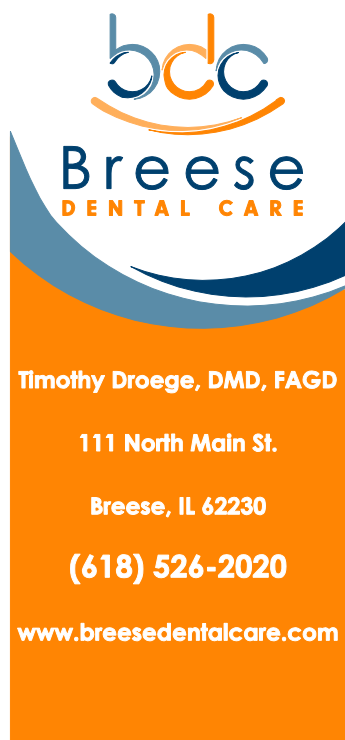
Refreshments will be provided after the race.

Please make entry fee of \$25.00 payable to American Cancer Society & mail to



111 North Main, Breese, IL 62230

*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'm 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 & 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 the event for legitimate purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*This event brought to you by BDC Health & Wellness Initiative*

*~ Improving Our Community One Life at a Time ~*