

5th Annual 5k/10k/1 Mile Family Fun Walk Saturday, October 3, 2015 Harrisburg, Illinois

Join **Integrated Health** to help raise money to benefit the Fowler-Bonan Foundation's program, Clothes for Kids! Not racing? Support a great cause by making a donation.



9 a.m. 10k Run Start 9:05 a.m. 5k Run Start 9:10 a.m. 5k Speed Walking 9:15 a.m. Family Fun Walk Start For more information, please contact Chris Proctor at 618.252.5555 or e-mail cproctor@integratedhealthofsi.com

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	Kunner / Participant Info: Please Print Legibly Full Name:			Gender: Male Fe	emale	Come dresses i	
	Address:			Apt #:		n as your favorite	
L:	City:		State:	Zip:		Awards for heat	
	Home Phone:	Other Phone:		E-mail:		and how .	
	Age on 10/3/2015:	Date of Birth:		T-Shirt Size: S M L XL XXL		OCSI TEAM COSTUME	
	Emergency Contact Name:		Emergency	Contact Phone #:		Saunes!	

Register online at www. RaceRoster.com		Event		9/1/15 through	Race
Please make checks payable to Integrat-	Please <i>circle</i> the event you will be participating in:	Name	8/31/15	10/2/15	Day
ed Health 5k Account and mail to :	5k Run	5K Run	\$20	\$25	\$30
Integrated Health	10k Run 5k Speed Walk	5K Speed Walk	\$20	\$25	\$30
303 S. Commercial St. Suite 10 Harrisburg, IL 62946	1 Mile Family Fun Walk	10K Run	\$20	\$25	\$30
(p). 618.252.5555 (f). 618.252.2279 (w). integratedhealthofsi.com	I will not be participating but would like to make a donation	1mile Family Fun	\$10	\$10	\$10

Online registration will close on Thursday, October 1, 2015 at 12:00 midnight. Mail in registration will close on Fri., October 2 2015. Applications postmarked after September 28, 2015 will be considered race day registration. Race day registration will be available.

I know that running and volunteering to work races are potentially hazardous activities. I should not participate in the Integrated Health 5k/10k/Family Fun Walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and/or volunteering to work in the Integrated Health 5k/10k/Family Fun Walk including but not limited to falls, contact with other participants, the effects of weather, including high heat or humidity, the condition of the road and traffic on the course, all such risks being known to me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself, and anyone entitled to act on my behalf waive and release Integrated Health and all sponsors of the event, any and all members thereof, their representatives, successors from claims or liability of any kind arising out of my participation in the Integrated Health 5k/10k/1 Mile Family Fun Walk, even though that liability may arise out of negligence or carelessness on recordings, or any other record of this event for any legitimate purpose. By signing this waiver form, I agree that for safety reasons, headohones, strollers, babu joogers, skates, skateboards, and animals are not permitted in this event.

Signed:

If under 18, Parent/Guardian Signature

Date of Signature_____/

Superheroes for a Super Cause!