

Father's Day Walk/Run



**Saturday, June 14 2008 – [Time]
Registration at [Time] AM
[Location]**



Entry Fee: \$20.00 for early registration (by June 1st) tank style t-shirt to all participants.
\$25.00 for late registration (after June 1st) tank style t-shirts while supplies last.
Each runner will receive a complimentary gift bag upon arrival.

Runners: Trophies to the top overall male and female finisher and ribbons to the top 1st, 2nd and 3rd place finishers in all age groups.

Walkers: Trophies to the top overall male and female finishers and ribbons to the top 1st, 2nd and 3rd place finishers in all age groups.

Age Groups: 14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over.

Circle Event: **Run** **Walk**

Name _____ Male _____ Female _____

Address _____ City/State _____ Zip _____

Age _____ Phone _____ Division _____ Shirt Size (adult) S M L XL

Waiver Statement: (Must be signed) I know that running/walking a road race is potentially hazardous activity. I should not enter and run/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 race. I Assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effect of the weather, Including high heat and/or humidity, traffic and the conditions of the road, all such risk being known and appreciated by me. HAVING READ THIS WAIVER and knowing these facts and in consideration of your accepting my entry, I, for myself, or anyone entitled to act on my behalf, Waive and release the organizers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising regarding my Participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver, I Grant permission to all of the organizers/sponsors of this event to use any photographs, motion pictures, recordings, or any other record of this event For any legitimate purpose.

Signature _____ Date _____

Parent's Signature (if under 18) _____

Please mail or drop off your entry form with tax deductible check or cash payment to:
Cancer Services of Grant County, Tower Suites, 305 S. Norton Ave., Marion, IN 46952

For additional forms or information contact Cancer Services of Grant County at 765-664-6815