



7th Annual 5k Run/Walk

October is National Breast Cancer Awareness Month.

Saturday, October 8, 2016

Registration Fee: \$25.00

Final Registration begins at 7:30 AM at CCH Clinic. Race starts at 8:00 AM from CCH and will end at the Floyd Henson JR High School. Proceeds from the event will be donated to Clay County Cancer Support Group, Clay County Cancer Crusaders, and for providing mammograms to the uninsured. Please meet at the registration table prior to the event. Awards for the event will be given to each male and female winner in each age division.

Name: _____ Age _____ Date of Birth: _____ Gender: M or F

Address: _____ Ph# _____ Breast Cancer Survivor Y or N

Age Category of participation:


9 & under 10-17 18-24 25-34 35-44 45-54 55 & Older

Shirt Size Youth XS S M L Adult S M L XL 2XL 3XL

*Please circle t-shirt preference Moisture Management or Standard Youth shirts are standard t-shirts only.
(Tends to run 1 size smaller)*

Purchase extra t-shirt for \$15 Size _____

Signature: _____

Additional information may be found at www.claycountyhospital.org and  Clay County Hospital **Move For The Cure**. Please return the registration form and the signed liability waiver along with your \$25 registration form fee to **Clay County Hospital Radiology Dept. Attn Tisha Kitley** 911 Stacy Burk Drive, Flora, IL 62839 by Sept. 23rd. Late entries will be accepted the day of the race, but t-shirts may not be available.

RELEASE AND INDEMNIFICATION AGREEMENT

MOVE FOR THE CURE 5K WALK/RUN

Each adult participant must sign this release. Entrants under 18 years of age must have a parent or guardian sign.

In signing this form for myself and/or the participant listed here on, I understand and agree that although the organizers of the "Move for the Cure 5K Walk/Run" have exercised due care to promote the safety of the participants, there are factors present including, but not limited to, traffic, other participants, weather, etc., that are beyond the control of the organizers. I agree to absolve all organizers and volunteers assisting with the event, be they individuals or organizations, of all blame for the injury, misadventure, harm, loss or inconvenience, suffered as a result of taking part in the "Move for the Cure 5K Walk/Run", or in any associated activities. I further agree to follow all applicable laws and regulations for the event as set forth by statute and as set forth in any literature or during any discussion with organizers or assisting volunteers, and will conduct myself in a safe and prudent manner. I am aware that the event takes place regardless of weather conditions.

I further agree to indemnify and hold harmless the organizers and volunteers conducting the "Move for the Cure 5K Walk/Run" from and against any and all claims, suits, damages, costs, losses, and expenses, in many manner resulting from or arising out of participating in the "Move for the Cure 5K Walk/Run".

In the event of a medical emergency, I hereby authorize and consent to such emergency medical care, as medical personnel shall advise.

Participant Printed Name

Participant Signature

(If under 18 years of age, parent or guardian signature)



October is National Breast Cancer Awareness Month.

Clay County Hospital is proud to announce its support in increasing awareness of the importance of prevention, early detection and treatment of breast cancer. CCH encourages the community to work together by participating on Saturday, October 8th during our 7th annual "Move For The Cure 5K Walk/Run." All proceeds will be donated to the preventive care for underinsured patients, Clay County Cancer Support Group & Clay County Crusaders where 100% of their donations go to Clay County residents. Race starts at 8AM from CCH Medical Clinic and will end at the Floyd Henson JR High.

We are looking for sponsors to assist in our event.

Sponsor Levels

Gold \$250

Silver \$125.00

Bronze \$50.00

Gold Sponsorship includes: Name inclusion on different marketing materials to include radio and print, race event signage, banner at race and Logo on back of event shirt.

Silver Sponsorship includes: Race event signage (Business name on race event signage at race), and business name on back of event shirt.

Bronze Sponsorship includes: Business name on event shirt.

Yes We Would Like To Participate!!!

Business Name: _____ Level: _____

E-mail Address: _____

Signature: _____ Date: _____

Please submit no later than Sept 23th
 Mail to Clay County Hospital ATTN: Radiology Dept Tisha Kitley
 911 Stacy Burk Drive Flora, IL 62839
 Ph 618-662-1636 or Fax to 618-662-1489