



**Registration fees:**

- Adults \$20
- Kids \$10 (ages 3-12)

Please make checks payable to CCHC.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**WAIVER**

I know that running a race is a potentially hazardous activity. I should not enter and run 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 in 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 conditions of the course and/or all such risks being known and appreciated by me. I also understand that I am expected to know the course and that a course map has been made available for my use. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release anyone affiliated with Central Counties Health Centers, Inc. and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature: \_\_\_\_\_

CCHC would like to thank you for your support. All of the proceeds will go to patient care and educational programs.

