

# Are You Ready to Run?



QUINCY, ILLINOIS  
 BRIDGE THE GAP TO HEALTH  
 PHYSICAL, MENTAL & SPIRITUAL

## Half Marathon Training Program



for more information call  
**217-228-2323**

- 14 Week training program for walkers or runners
- Cost is \$40 and includes t-shirt, training manual, and support from other half marathon runners and walkers. ALL proceeds benefit the MedAssist Program
- Quincy Medical Group's Community Wellness Coordinator, Carrie Kimber is USAT Triathlon Coach, Certified Personal Trainer, and Ironman Triathlete and she will lead this training program and keep you motivated!
- **First Meeting is January 28, 2012**  
 in the lobby of the 1118 Hampshire Street Building at 9:00 am

Stay up to date with the latest information!

[www.BridgeTheGapToHealth.com](http://www.BridgeTheGapToHealth.com) or [www.facebook.com/BridgeTheGapToHealth](http://www.facebook.com/BridgeTheGapToHealth)

## Maximum Athletics Bridge the Gap to Health Half Marathon Training Program

Running Half Marathon     Walking Half Marathon

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt Size: S M L XL XXL

Please include this form and your \$40, tax deductible registration fee (make checks payable to QMG Healthcare Foundation). You may drop off the form at Quincy Medical Group Attn: Carrie Kimber or Mail the registration to: **Carrie Kimber, Quincy Medical Group, 1025 Maine Street, Quincy, IL 62301**

**Release and Waiver of Liability:** I, the undersigned in consideration of the opportunity to participate and the acceptance of my entry in this event, intending to be legally bound, do hereby, on behalf of myself, my heirs, and legal and personal representatives, release, waive, and forever discharge any and all claims for injuries and damages to my person or property, including any and all claims for such injuries and damages resulting from negligent acts or conduct, and including any and all causes of action relating thereto, which I might have or shall ever have against Quincy Medical Group and the affiliates, offices, employees, representatives, and successors of the Bridge The Gap to Health race. I further state that I have sufficiently trained for and that I am in proper physical condition to participate in this event. I further acknowledge that I am aware of and voluntarily assume the risks inherent in participating in this event. I further grant authorization for the free use of my name and/or photographs, videotapes, motion pictures, recordings, or any other record or transcription of my participation in this event, including, but not limited to, advertisements, for publicity, or other media accounts pertaining to this event.

Participant Signature (if participant is under 18, parent or legal guardian, indicate relationship)

Date