Bridge The Gap To Health 5k, 10k, Half Marathon *OFFICIAL REGISTRATION FORM*

One form per participant accepted. Please print on the form clearly and completely. Please make sure you ***SIGN AT THE BOTTOM. UNSIGNED ENTRIES WILL NOT BE ACCEPTED.*** No refunds are available. **Mailed entries must be postmarked by April 30, 2010.** Meeting the pre-registration deadline will guarantee you the correct size shirt. ALL participants will receive a 10 year anniversary commemorative medal.

5K/10K Run/Leisure/Competitive Walk Fee	$25	($30 AFTER APRIL 30)
Half Marathon (run or walk)	$45	($50 AFTER MAY 1)
Children's Fun Run (AGES 3 – 12)	$5	(T-shirt and goodies bag included)
Family up to 4 (5K & 10K)	$48	($52 AFTER APRIL 30)
Each Additional Family Member	$12	($13 AFTER APRIL 30)

ALL CHILDREN MUST BE ACCOMPANIED BY AN ADULT DURING THE EVENT AND ALONG THE RACE COURSE ROUTE.

I am registering for: ☐ 5K LEISURE WALK ☐ 5K COMPETITIVE WALK ☐ 5K RUN ☐ 10K RUN ☐ WALKING HALF MARATHON ☐ HALF MARATHON (RUN) ☐ KIDS FUN RUN

First Name **Last Name** **Sex**

Address

City **State** **Zip Code** **Phone** ( ) -

Birth Date / /

Age Division

Under 14 **15-19** 20-24 **25-29** 30-34 **35-39** 40-44 **45-49** 50-54 **55-59** 60-64 **65-69** 70+

E-mail address

T-Shirt Size Youth M S M L XL XXL ***HALF MARATHON PARTICIPANTS*** *will receive a short sleeve wicked shirt, keep that in mind when choosing shirt size.*

I am enclosing a payment of: $ _____ Make checks payable to: Quincy Catholic Charities c/o Bridge the Gap, 620 Maine Street, Quincy, IL 62301

I would like to make an additional contribution to the MedAssist Program of: $_____

Notes:

- **NEW RACE START TIMES:** **5K Run, 10K Run & Walking & Running Half Marathon** will begin at **8:00 am**
  5K Leisure Walk will begin at **8:30 am**
  Saturday, May 8, 2010 at Clat Adams Park.
  RACE COURSE CLOSES AT 12:00 PM FOR RUNNERS AND WALKERS
- Strollers **will be** permitted in 2010. Children in the stroller **MUST** be registered in the race.
- **NO** pets are allowed on the race course.
- ALL PARTICIPANTS, **pre-registered by April 30,** are guaranteed a commemorative 10 year anniversary finisher's medal.

HOW MANY YEARS HAVE YOU PARTICIPATED IN THE RACE?

_____

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 Catholic Charities 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.

X _____ _____

Participant's Signature **Date** **If under 18, Parent's Signature** **Date**