



Walk
or
Run

Sponsored by:



PEOPLES
NATIONAL BANK



 wabash **christian**
therapy & medical clinic

\$20 Entry Fee
for Adults

\$15 Kids
under 16

\$25 Late Entry Fee
(after April 10th)



Race starts and ends at
First Bank's back parking lot

SEE MAP ON BACK OF FORM

Relay for Life of White County **HEROES OF HOPE 5K**

REGISTRATION FORM

Proceeds will benefit Relay for Life of White County 2015

SATURDAY, APRIL 18, 2015
Race Starts at 9 a.m.
Registration at 8 a.m.

Registration by April 10th for race day t-shirt, all other registrations will be while supplies last on race day.

Race will be officially timed by: **RUN TO SUCCEED**

**Awards govern Top 3 Over-All runners
in Women and Men's Divisions.**

**Prizes for top women, men, girl and boy hero costume
will receive gift cards donated by local businesses.**

Costumes judged before race at 8:45 a.m.



Like us on facebook: [facebook.com/whitecountyrelayforlife](https://www.facebook.com/whitecountyrelayforlife)

Name _____ Gender _____ Age on April 18, 2015 _____

Address _____ City, State, Zip Code _____

Phone _____ Email _____


T-Shirt Size (circle one) **Adult:** Small Medium Large XLarge 2X 3X **Youth:** Small Medium Large

REGISTRATION FEE:

\$20 for Adults

\$15 for Kids under 16

\$25 Late Entry fee (after April 10th)

 AMOUNT ENCLOSED <i>Make checks payable to: Relay for Life</i>

Mail to:
Patty Hodgson
PO Box 63, Crossville, IL 62827
Or drop your registration form at:
Wabash Christian Therapy & Medical Clinic
1112 Oak St, Carmi, IL 62821

The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions please visit us online at cancer.org and click on the "privacy" link at the bottom of the page or call us anytime at 1-800-227-234

Waiver of liability: In consideration of being permitted to participate in Heroes of Hope 5K, I hereby for myself, my heirs, and my personal representatives assume any and all risks that might be associated with the event. I further waive, release, discharge, and covenant not to sue the American Cancer Society, its officers, employees, sponsors, organizers, volunteers or other representatives or agents or their successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of me and/or my child taking part in the event and any related activities. I also agree to the use of any photo, film, or videotape of the event for any legitimate purpose. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Signature _____ Date _____
(Participants under the age of 18 require the signature of parent or guardian.)

Walking
 Running
(Check one)

2015 Hero 5K • Carmi, Illinois

Getting around
Show: Traffic · Bicycling · Terrain
Directions

