

Waiver and Release of Claims:

I know that participating in this event is a potentially hazardous activity. I should not enter the walk or run unless I'm medically able and properly trained. I agree to abide by any decision of the race officials relative to my ability to safely complete this course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather (including low temperatures, and / or wind chill), traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors and administrators, waive any and all claims I may have for damages against Morris Hospital & Healthcare Centers and all sponsors and individuals associated with the event, their representatives and successors, and assign for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant Morris Hospital and its authorized agents to use my name and photographs, videotapes or recordings of my participation in this event for any purpose.

Name (print): _____

Signature: _____

If under 18, Parent's Signature:

Please mail payment and completed registration form to:

Morris Hospital & Healthcare Centers
Attn: Leigh Anne Hall
150 W. High Street
Morris, IL 60450

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Morris, IL 60450



Saturday, September 25, 2010

**White Oak Elementary School
2001 Dupont Ave.
Morris, IL**

9:00 AM - 5K Run/Wellness Walk
9:45 AM - Tot Trot



About the Race

5K Run Award Categories:

Overall: Awarded to the top male and female.
Morris Hospital Employee: Awarded to the top male and female.
Age: Awarded to the top 3 in each age group.
Tot Trot: Participants will receive a medal.

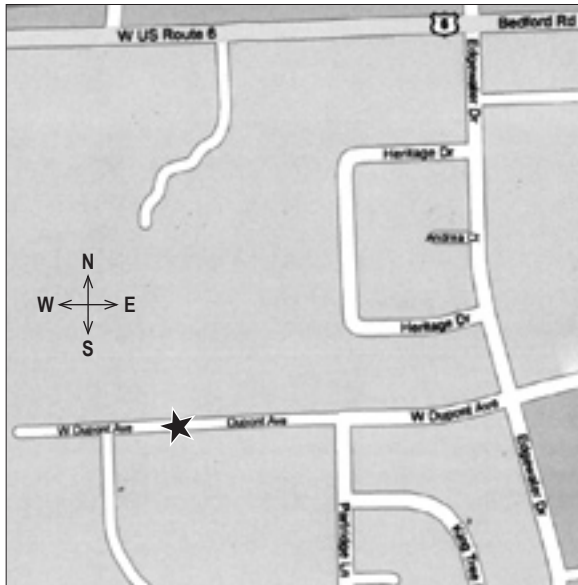
Age Divisions:

5K Run:
9-11 20-24 35-39 50-54 65-69
12-14 25-29 40-44 55-59 70 +
15-19 30-34 45-49 60-64
Walk: All ages welcome Tot Trot: 8 & under

Door Prize Drawings before Award Ceremony

Award Ceremony will take place as soon as the last participant finishes the race.

Full results will be posted on:
www.racetime.info
www.morrishospital.org



Race Course

The 5K course is a 3.1 mile USATF IL-08046-JW certified course that starts on Dupont Avenue in front of White Oak Elementary School and winds through residential neighborhoods. The Wellness Walk takes place on the same course. The Tot Trot is located in the field behind White Oak School.

Packet Pick-up:

Pre-registered participants may pick up their race packets at the Morris Hospital on Thursday, September 23, 2010 from 3:00 p.m. - 6:00 p.m. (come to the main entrance and follow signs), or on race day from 7:00 a.m. - 8:45 a.m.

For More Information:

For more information, please call Leigh Anne Hall, Race Director at 815-942-2932, ext. 7364, or visit www.morrishospital.org. Registration available online at signmeupsports.com/70639.

Registration Fees:

Pre-registered participants will receive Dri-Fit shirts. Race day registrants will receive Dri-Fit shirts while supplies last. Tot Trot participants will receive cotton T-shirts.

Pre-race (Received by 9-18-10)

5K Run: \$20
Wellness Walk: \$15
Tot Trot: \$7

Race Day (7:00 a.m. - 8:45 a.m.)

5K Run: \$25
Wellness Walk: \$20
Tot Trot: \$7

No registration will be accepted at the hospital after 9-18-10. Registration after this date will only be accepted on race day. **NO ACCEPTIONS.**

NO REFUNDS

Registration Form

Link to online registration available at www.morrishospital.org.

Please fill out completely. One form per participant. **All forms must be signed.**

Event: 5K Run Wellness Walk Tot Trot
(circle one)

Last Name: _____

First Name: _____

_____ Male _____ Female

Age as of 09/25/10 _____

Birth date ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Phone: _____

Emergency Contact Name: _____

T-shirt Size (circle one):

Adult Uni-Sex: SM MD LG XL XXL

Adult Female: SM MD LG XL XXL

For Tot Trot (circle one):

Youth XS Youth SM Youth MD Youth LG

Method of payment: (Make checks payable to Morris Hospital & Healthcare Centers)

Cash _____ Check _____

Credit Card _____ (Visa, MC and Discover)

CC # _____

Exp. Date: _____ Verification Code: _____

TURN OVER AND SIGN