

SHAMROCK HOT CHOCOLATE 5K

Saturday, March 11, 2017 @ 9:00am
ALL Runners & Walkers Welcome!



**Race Management
and
Timing Company**
*Bringing professionalism
to your next race!*

HELP SUPPORT THE AMERICAN CANCER SOCIETY & RELAY FOR LIFE

**RACE LOCATION:
HEARTLAND REGIONAL MEDICAL CENTER (SOUTH PARKING LOT)
3333 W. DEYOUNG ST.
MARION, IL. 62959**

Full Name: _____

Gender: Male or Female **(circle one)** T-Shirt Size: YS YM YL S M L XL XXL **(Circle one)** Run or Walk **(Circle one)**

Address: _____

Apt#: _____ City: _____ State: _____ Zip: _____

Age on Race Day: _____ Date of Birth: _____

Email: _____ Phone: _____

Circle one: Registration Fee: \$28 includes long-sleeve sport-tek shirt / \$45 includes long-sleeve moisture wick quarter zip



REGISTER BEFORE MARCH 1ST TO BE GUARANTEED CUSTOM RACE MEDAL WITH BOTTLE OPENER (LIMITED TO 200) AND YOUR CUSTOM RACE APPAREL.

AWARDS: CASH PRIZE FOR OVERALL MALE AND FEMALE COURSE RECORDS. THERE WILL BE CUSTOM AWARDS GIVEN TO THE OVERALL WINNER OF EACH AGE CATEGORY FOR RUNNERS BOTH GENDERS AND THE TOP 3 OVERALL WALKERS:

12&UNDER, 13-19, 20-29, 30-39, 40-49, 50-59, 60+

CHECKS PAYABLE TO: RUN TO SUCCEED / MAIL TO: 3401 NORTH PARK AVE, HERRIN, IL. 62948

REGISTER ONLINE: WWW.RUNTOSUCCEED.COM/SHAMROCK-HOT-CHOCOLATE-5K

VOLUNTEERS ARE NEEDED! EMAIL: TM@RUNTOSUCCEED.COM

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 the event, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the 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 your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive and release Run to Succeed, American Cancer Society, Heartland Regional Medical Center, City of Marion, any and all sponsors, their representatives and successors, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Minors accepted only with a parent or guardians signature.

Signed: _____

Date of Signature: _____ / _____ / _____

If under 18, Parent/Guardian Signature: _____