



Ottawa Regional
Hospital & Healthcare Center

presents the 6th Annual

5K RUN/WALK for Cancer Awareness

Saturday, October 9, 2010

Ottawa YMCA

9:00AM *runners*

9:15AM *walkers*

7:30AM - 8:30AM *check-in*

ENTRY FORM (Please Print)

Name: _____

Age as of October 9, 2010: _____ Date of Birth: _____

I will be: Running Walking

Male: Female:

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

T-shirt size: S M L XL XXL

Running Club Member: Yes No Club _____

I am a cancer survivor:

Waiver of liability. In consideration of accepting my entry/my child's entry, I for myself or my child, our executors, administrators, and assignees...do hereby release and discharge, Ottawa Regional Hospital and Healthcare Center, City of Ottawa, Illinois Department of Natural resources, the organizers of this race and all other sponsors and organizers of all claims and damages, actions including but not limited to: falls, contact by participants, effects of weather, road conditions and traffic, any additional actions whatsoever in any manner arising out of my/my child's participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am/my child is physically fit and sufficiently trained to participate in this event. Further, I hereby grant full permission to any all of the forgoing use to use my/my child's name, photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose without compensation or remuneration. I for myself or my child, release Ottawa Regional Hospital and Healthcare Center from any expectation of confidentiality regarding audio and visual recordings associated with participation in the event.

Signature

Date

Signature of Parent or Guardian (if under 18 years of age)

Date

Make checks payable to:

Ottawa Regional Hospital & Healthcare Center

2010

ENTRY & PHOTO CONSENT FORM



Ottawa Regional
Hospital & Healthcare Center

5K RUN/WALK FOR CANCER AWARENESS

(for both men & Women)

A Starved Rock Runner, Ltd. Circuit Race

ENTRY FEE:

RUNNERS | \$15 pre-registered. \$20 day of race
(*must be postmarked by October 1*)

WALKERS | \$10

RACE FEATURES:

- Splits at mile 1 & 2
- Water available along race course
- Runners electronically timed
- Race results available at conclusion of race
- T-shirt guaranteed to 1st 200 registered participants
- Refreshments after race
- Results available at www.starvedrockrunners.org

COURSE DESCRIPTION:

Run starts and ends at the Ottawa YMCA at 201 E. Jackson St., Ottawa. Run along the scenic Illinois-Michigan Canal and Ottawa Riverwalk

This race will help fund cancer support groups at the Women's Health Center.

AWARDS:

Trophy awarded to 1st, 2nd, & 3rd place male and female runners in each age division.

13 & under	30 - 34	50 - 54	70 - 74
14 - 19	35 - 39	55 - 59	75 & over
20 - 24	40 - 44	60 - 64	
25 - 29	45 - 49	65 - 69	

Award ceremony to follow tabulation of results

Attend Our

**HEALTH &
WELLNESS FAIR**

Mail to:

Women's Health Center

Ottawa Regional Hospital & Healthcare Center

P.O. Box 108

Ottawa IL 61350

