

The
Michael P. Brown
Colon Cancer
Foundation



Michael's 5K Run for Life Registration Form - July 20, 2019

Online registration can also be found at: www.run4michael.com

First Name: _____ MI: ____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

e-mail: _____ DOB (MM/DD/YYYY): _____

T-Shirt Size (youth S/youth M/youth L/S/M/L/XL/2X/3X): _____

Packet for Race Runners/Walkers includes:

- 1 FREE Race T-Shirt
- 1 Keepsake Water Bottle
- 1 COMPLIMENTARY Ticket to Drew Baldrige Concert following the run

What race are you joining? (Check One):

- 5K Runner - \$35 (\$40 day of race)
- 1 mile Walker - \$30
- Kids Race (8-years-old and under) - \$15 (Includes Race Shirt, entry to event and kids area. Any child registered for the 5K or 1 mile has free entry to the kids area and can run the Kids Race).

How many tickets to the Drew Baldrige Concert would you like?

- Drew Baldrige Concert Ticket - \$15 each (\$20 on day of race)

Emergency Contact Information (Contact cannot be a race participant):

Contact Name: _____ Phone: _____

Family

Friend

Other

Want more shirts? How many and what sizes (S/M/L/XL/2XL/3XL) only \$20/each?

Number of Shirts	Size

Number of Shirts	Size

Number of Shirts	Size

Want kid's shirts? How many and what sizes (YS/YM/YL) only \$15/each?

Color is blue.

Number of Shirts	Color	Size

Number of Shirts	Color	Size

Number of Shirts	Color	Size

RACE WAIVER: I know that running a road race is a potentially hazardous activity. I know that 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 this event. I also know that although police protection will be provided, I assume the risk of running in traffic. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the town of Germantown Hills, the Michael P. Brown Colon Cancer Foundation, Running Central, ShaZam Racing, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also allow ShaZam Racing and the sponsors to contact me for race promotions.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Questions?

Call: 309-678-3545 or Email: angie23rn@yahoo.com

Mail this registration form along with a Check or Cash to:
Michael P. Brown Colon Cancer Foundation
1183 Rentsch Dr.
East Peoria, Illinois 61611