



What: Pike County Crazy 8 5K Run/Walk
Where: QMG Pittsfield Clinic
320 N. Adams Street
When: April 11, 2014
Registration & Packet Pick-Up at 8:30 am
Run/walk starts at 9:30 am
Why: To raise money for the QMG Healthcare Foundation which supports health and wellness initiatives in Pike County.

REGISTRATION FORM

Name (first & last): _____ Age: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

T-Shirt Size (we need your registration by March 28th to guarantee your size): Small Medium Large X-Large XX-Large

Are you registering as an:

This is an untimed event to raise funds and support Pike County.

____ Individual \$20 (\$25 after March 28th)

____ Family (up to 4) \$55 (\$65 after March 28th)

(Family Name _____ we must have one registration per person)

____ I would like to make an additional donation of: \$ _____

I have enclosed a check for \$ _____

Make Checks payable to: QMG Healthcare Foundation • 1025 Maine street, Quincy, IL 62301

Release and Waiver of Liability: I, the undersigned in consideration of the opportunity to participate and the acceptance of my entry in this event, intending to be legally bound, do hereby, on behalf of myself, my heirs, and legal and personal representatives, release, waive, and forever discharge any and all claims for injuries and damages to my person or property, including any and all claims for such injuries and damages resulting from negligent acts or conduct, and including any and all causes of action relating thereto, which I might have or shall ever have against Quincy Medical Group and the affiliates, offices, employees, representatives, and successors of the Pray Out Loud run/walk. I further state that I have sufficiently trained for and that I am in proper physical condition to participate in this event. I further acknowledge that I am aware of and voluntarily assume the risks inherent in participating in this event. I further grant authorization for the free use of my name and/or photographs, videotapes, motion pictures, recordings, or any other record or transcription of my participation in this event, including, but not limited to, advertisements, for publicity, or other media accounts pertaining to this event.

X _____
Participant's Signature (required) Date

If under 18, Parent's Signature Date