Bridge The Gap To Health 5k/10k Run Walk Half Marathon *OFFICIAL REGISTRATION FORM*

One form per participant accepted. Please print on the form clearly and completely. Please make sure you ***SIGN AT THE BOTTOM. ALL UNSIGNED ENTRIES WILL NOT BE ACCEPTED.*** No refunds are available. **Mailed entries must be postmarked by May 1, 2009.** Meeting the pre-registration deadline will guarantee you the correct size shirt as well as a finisher medal for the half marathon competitors.

5K/10K Run/Leisure/Competitive Walk Fee	$20	($25 ON RACE DAY)
Half Marathon	$40	($45 ON RACE DAY)
Children's Fun Run (AGES 3 – 12)	$5	(T-shirt and goodie bag included)
Family up to 4 (5K & 10K)	$36	($41 ON RACE DAY)
Each Additional		$8

ALL CHILDREN MUST BE ACCOMPANIED BY AN ADULT DURING THE EVENT AND ALONG THE RACE COURSE ROUTE.

I am registering for: ☐ 5K COMPETITIVE WALK ☐ 5K LEISURE WALK ☐ 5K RUN ☐ 10K RUN ☐ HALF MARATHON ☐ KIDS FUN RUN

First Name **Last Name** **Sex**

Address

City **State** **Zip Code** **Home Phone**

Work Phone **Birth Date** **Age Division (Please Circle)**

Under 14 **15-19** 20-24 **25-29** 30-34 **35-39** 40-44 **45-49** 50-54 **55-59** 60-64 **65-69** 70+

E-mail address

T-Shirt Size (Please Circle) Youth M S M L XL XXL ***HALF MARATHON PARTICIPANTS*** *will receive a long sleeve wicked shirt, keep that in mind when choosing shirt size.*

I am enclosing a payment of: $ _____ Make checks payable to: Quincy Catholic Charities c/o Bridge the Gap, 620 Maine Street, Quincy, IL 62301

Notes:

- ALL race categories start at **9am on Saturday, May 9, 2009** at Clat Adams park.
- Strollers **will be** permitted in 2009. Children in the stroller **MUST** be registered in the race.
- Half Marathon participants, **pre-registered by May 1,** are guaranteed a long sleeve wicked shirt, tote bag and finishers medal.

TIMING & RESULTS PROVIDED BY

DAG DIGITAL TIMING by FLEET FEET Sports

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 Catholic Charities and the affiliates, offices, employees, representatives, and successors of the Bridge The Gap to Health race. 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 **Date** **If under 18, Parent's Signature** **Date**