

Race Waiver

I know that running or walking in a road race is a potentially dangerous 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 or walking in this event, including, but not limited to, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having 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 Allegiance Health, the Allegiance Race to Health committee, the City of Jackson, and all race sponsors, and their representatives and successors, from all claims of liabilities of any kind arising out of this event.

Consent and release to photograph, videotape and/or publish image by Allegiance Health, news media or other agent

I consent and authorize Allegiance Health and its employees, or authorized other, to interview, televise, videotape, broadcast, photograph, or publish a story or article about me or someone for whom I am authorized to sign. I further authorize Allegiance Health to publicly display or publish the same for any marketing, medical, scientific, educational, or promotional purposes. I understand that Allegiance Health may not be involved in the preparation and release of the article, broadcast, tape, photography, or televising, and may have no control over its contents. Therefore, I release Allegiance Health, its employees and authorized others from any and all liability that may result from my authorization and consent to such interview, news release, photographs, video tape, or published article.

Signature _____ Date _____
(Parent or Guardian if under 18 years)

Witness _____



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Allegiance
HEALTH
205 N. East Avenue
Jackson, MI 49201



30th Annual Allegiance Race to Health
and Step by Step Family Wellness Day
Saturday, September 6, 2014



Allegiance
HEALTH

AllegianceHealth.org

Join us for a morning of healthy family fun.



Make your family's health a priority.



Step by Step Family Wellness Day 8:30 - 10:30 a.m.

Free activities and youth long-sleeve T-shirt for children 12 and under, including:

- Inflatable obstacle course
- Rock climbing wall
- Kids Fun Run
- Free breakfast

Please register children upon arrival for a chance to win one of two bicycles.

Allegiance Race to Health Details Packet Pick-up & Registration

Allegiance Health, Radiation Oncology Center parking lot *marked on maps

Friday, September 5 3 – 6 p.m.

Recommended packet pick-up and registration to avoid waiting.

Saturday, September 6

FREE breakfast for all participants and their families.

5 mile run 7 – 7:50 a.m. (race starts at 8 a.m.)

5K run 8 – 8:50 a.m. (race starts at 9 a.m.)

5K walk 8 – 8:50 a.m. (race starts at 9:05 a.m.)

* Walkers must have one foot on the ground all of the time.

\$100 Prize presented to male and female overall winners and \$50 prize to male and female Masters winners. The top three male and female finishers in the following age divisions will receive a medal.

| | | |
|-------|-------|-------|
| <15 | 30-34 | 55-59 |
| 15-17 | 35-39 | 60-66 |
| 18-24 | 40-44 | 67+ |
| 25-29 | 45-49 | |
| | 50-54 | |

Parking located next to the Anderson Building at the north east corner of the Allegiance Health campus.

For more information, please contact Julie Jank at Allegiance Health (517) 841-7455 or julie.jank@AllegianceHealth.org.

*Final course pending city approval.



Entry Form

Register online at AllegianceHealth.org/Race or mail form and fee to:

**Allegiance Health
Marketing and Community Relations
One Jackson Square, 6th Floor
Jackson, MI 49201**

First Name: _____

Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: () _____

Date of Birth: _____ Gender: M F

Email Address: _____

Event(s) in which you will be participating:

- 5 Mile Run
- 5k Run
- 5k Walk

Checks made payable to Allegiance Health

Free long-sleeve moisture-wicking race shirt (One shirt per registered runner. Additional shirts can be purchased for \$15.)

Register on or before September 1

- \$15 – one event
- \$20 – two events

After September 1

- \$20 – one event
- \$25 – two events

Online registration will close Thursday, September 4 at 11 p.m.