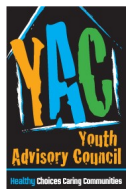


COLOR YOUR LIFE

Join us for a fun run!

Sunday April 13, 2014

**2:30 pm (Delayed start times)
Widewater Retreat Center
Liberty Center, Ohio**



Join us (ages 5 and older) for a 2 mile, **non-timed, non-competitive** colorful adventure held at beautiful Widewater Retreat Center. As you run or walk, you will pass through 5 color stations!

**Register EARLY, we anticipate a sold out event!
(Event open to first 1000 participants)**

Registration Fee: \$20 Registration fee includes 5 color stations and a commemorative t-shirt.

To Register: Register online at www.davesraces.com (\$2.50 fee/participant) or mail in form on reverse side.

Race Guidelines:

- Proceeds from event to benefit the Youth Advisory Council (YAC) and HC3
- Register **EARLY** - we are anticipating a "sold out" event.
- There will be **NO** "day of the race" registration.
- Event open to ages 5 through adults - no strollers or animals will be permitted.
- Children ages 5 through 10 **MUST** be physically accompanied by an adult during the event.
- Course could be muddy due to weather
- Parking will be in a grassy field (potentially muddy)
- There will be **NO** rain date - we will delay start times up to 1 hour in the event of inclement weather.
- There will be **NO** refunds if event is cancelled.

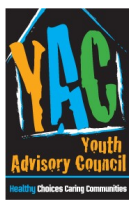
Pre-Packet Pick Up: Friday April 11, 2014 - 12:00 noon to 8 pm
Fulton County Health Department 606 S. Shoop Ave Wauseon, OH

Day of the Race Packet Pick Up: 1:00 pm Widewater Retreat Center
4050 Old U.S. 24 Liberty Center, OH

Post Race: Water will be available following the event.

Questions: Karen Pennington at 419 337 0915 or email at HC3Partnership@gmail.com

Follow us on Facebook (Healthy Choices Caring Communities) and Twitter (HC3Partnership) for race updates.



Registration Form

Name: _____ Sex: M F Adult _____ Youth _____ (age as of 4/13/14)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Shirt Size: YS YM S M L XL XXL

☐ I would like to order an additional white race shirt (to collect the color) \$5 additional fee

☐ Blue Corral (2:30 pm start time) ☐ Red Corral (2:45 pm start time)

☐ Green Corral (3:00 pm start time) ☐ Yellow Corral (3:15 pm start time)

"In consideration of you accepting this entry, I, the participant, on behalf of myself and any minor(s) I am legally responsible for, and intending to be legally bound to the terms hereof, hereby waive and release any and all rights and claims for damages or injuries, of any type or nature, that I or the minor(s) I am legally responsible for may have or come to have against the Fulton County Health Department, Health Choices Caring Communities, the Youth Advisory Council, Run-SignUp.com, any race sponsors and all of the aforementioned entities' employees, members, representatives, agents or volunteers, that have arisen or may arise in the future, that are in any way connected with the "color run" to be held on April 13, 2014 (hereafter "the event"). This release and waiver includes all injuries and/or damages suffered by me or the minor(s) I am responsible for whether those injuries and/or damages are incurred or suffered before, during or after the event. I recognize, intend and understand that this release and waiver is binding upon myself, my heirs, executors, administrators, successors and assigns and the heirs, executors, administrators, successors and assigns of any minor(s) that I am legally responsible for.

I understand that colored corn starch will be thrown during the event and it is a potential irritant to eyes, noses, lungs and respiratory system

I understand that children ages 5 through 10 must be physically accompanied by an adult during the event.

I understand that there is NO rain date and the event registration fee is non-refundable in the event of a cancellation.

"I certify and represent, as a material condition for being allowed to enter the event and/or as a material condition for allowing any minor(s) I am legally responsible for to enter the event, that: (1) I/they are physically fit and sufficiently trained for the completion of the event and that my/their physical condition has been verified by a licensed Medical Doctor; and (2) I/they have no known allergy to corn starch. By submitting this entry I acknowledge, for myself and/or the minor(s) I am legally responsible for, that I have read and agreed to this release and waiver".

Participant's Signature (Parent or Guardian if under age 18)

Date

Make checks payable to *FCHD* and mail with entry form to:
Color Your Life 606 S Shoop Ave, Wauseon, OH 43567