



OFFLINE REGISTRATION FORM

OFFICE USE ONLY	
CK# _____	Cash _____
BIB # _____	

I WANT TO PARTICIPATE : CHECK ONE Virtual Race 10/9/2020-10/18/2020

- Virtual 5K Run/Walk \$35 includes short sleeve tshirt, finisher medal
- KIDS Virtual 5K/Run/Walk \$15 includes short sleeve tshirt, finisher medal
- Virtual 5K with 30K Challenge \$50 includes long sleeve tshirt, finisher medal

NAME _____ Birthdate _____ Male Female

Address _____

Email _____ Cell _____

Team Name _____ Shirt Size circle YS YM YL YXL S M L XL XXL

*** registration must be received no later than 9/15/2020 for shirt delivery at packet pickup on 10/9/2020
all registrations received after 9/15—shirts, medals & swag will be available for pickup at a later date**

Waiver and Release: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Family Health Partnership Clinic, Big River Race Management, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running in an event that is organized as a virtual activity where I run on my own, at a date and time of my choosing, in a location and running route of my choosing, which will not have any support or security measures in place by the Family Health Partnership Clinic is a potentially hazardous activity, which could result in injury or death. I acknowledge that I am participating in the activity outlined by this virtual event by my own free will and at my own personal risk. I will not participate in a virtual event unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I further agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race.

I agree to abide by any decision of a race official relative to any aspect of my participation in this virtual event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I having read the rules of the virtual race scheduled for October 9 through October 18 including the terms in this waiver, the timeline of the virtual event, and agree to abide by them. I assume all risks to me associated with running on my own as part of this virtual activity, including but not limited to: falls, contact with other pedestrians, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable.

Participant's Signature (parent or guardian if under 18)

Date

CHECKS MADE PAYABLE TO FHPC AND MAILED TO
FAMILY HEALTH PARTNERSHIP CLINIC 401 E CONGRESS PARKWAY CRYSTAL LAKE IL 60014

Registrations must be received by 9/15 to ensure shirts available at packet pickup in October.
Registrations after 9/15, swag available at a later date.

For more information, contact Kristina Nemetz at 779-220-9305 or knemetz@hpcclinic.org

Register online and more event details at www.hpcclinic.org

All proceeds from CARE4 Race benefit Family Health Partnership Clinic Breast Cancer Fund