

Waiver

I know that running or walking a road race is a potentially hazardous activity. I hereby voluntarily assume full and complete responsibility for and the risk of any injury or accident that may occur during my participation in this event or while on the premises of this event. I assume the risk of running into traffic. I also assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of weather and the conditions of the roads, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry, I hereby for myself, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge Henderson Regional Hospital Foundation, Methodist Hospital, all sponsors, City of Henderson, race officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known or unknown. The undersigned further grants full permission to Methodist Hospital, all sponsors and/or agents to use any photographs, videotapes or recording or any other record of this event for any purpose. I agree to return the IPICO tag; failure to do so will result in a \$30 fee.

Participant Signature

Date

Signature of Parent if participant under 18

Date

Entry Fee

Entry fee is \$25 until March 1st.

Late Entry Fee is \$30.

Team Fee (*of 8 or more*) is \$20 per participant.

Student Team Fee (8 or more from High School or Younger) is \$10 per participant.

Mail Completed Entry Forms to :
HRHF Colon Cancer Run
1305 North Elm Street
Henderson, KY 42420

Registration is also available online at www.tothefinishtiming.com and click *CALENDAR*.

Schedule of Events

8:00 - Registration begins
9:00 - Run/Walk Begins
10:00 - Awards Ceremony

For more information, contact
Methodist Hospital at
270-831-7835

THIS IS A CHIP TIMED EVENT

Kid Zone Activities

Arts and Crafts
Face Painting



Methodist Gastroenterology
Canlas & Canlas

**RACE
FOR
YOUR
REAR!**
Colon Cancer Support

**5K Run/Walk for
Colorectal Cancer
Awareness**

**SATURDAY, MARCH 21
8:30am**

Sponsored by

**HENDERSON REGIONAL
HOSPITAL FOUNDATION**

Course Information

The course begins at Methodist Hospital at the family garden and follows the Henderson Riverwalk through downtown Henderson.

THIS IS A CHIP TIMED EVENT

Aid Stations

One Aid Station will be stationed at the Start/Finish Line.

Packet Pickup

Packets can be picked up from 8:00am to 2:00pm on Friday, March 20th at the Elm Street Entrance of Methodist Hospital. Packet Pickup will also be available race day beginning at 7:30am in the Family Garden at Methodist Hospital.

Sponsorship Levels

\$1,000

Logo T Shirt
8 Entries to the Run/Walk

\$500

Name T Shirt
6 Entries to the Run/Walk

\$250

Name on T Shirt
4 Entries to the Run/Walk

\$100

Name on T Shirt
2 Entries to the Run/Walk

Colon Cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in men and women combined in the US.

In greater that 90% of cases, screening can prevent colon cancer by finding and removing polyps before they become cancer.

And if cancer is present, earlier detection means a chance at a longer life. Unfortunately, the majority of colon cancers are not found early before it has spread.

- Over 90% of those diagnosed when the cancer is found at a local stage (confined to colon or rectum) survive more than five years.
- Once the cancer is diagnosed at a regional stage (spread to surrounding tissue) that rate drops to 69%.
- When the cancer has also spread to distant sites, only 12% of those diagnosed will reach the five-year survival milestone.



Entry Form

Check the event you are entering:

\$25 Early Registration (\$20 for teams of 8 or more)

\$10 Student Team Fee

\$30 Race Day Entry

Please register me as a

Runner Walker

I am a colorectal cancer survivor

I have had a colonoscopy

Last Name

First Name

Street Address

City

State

Zip

Date of Birth

Sex

Age

Telephone Number

Email Address

Employer

T-Shirt Size

I am running in memory of: _____

(Please print)

Make checks payable to HRHF.

Mail registration form to Methodist Hospital

1305 North Elm Henderson, KY 42420

or register on-line www.tothefinishtiming.com and click **CALENDAR**.