

Race Against Cancer Entry Form

Register by September 20, 2010 and get the early-bird price!

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Female Male

Race Entry

Spirit 5K Runner T-shirt Included (circle one) S M L XL

Legacy 10K Runner T-shirt Included (circle one) S M L XL

Please Mark the Following:

- I have included my entry fee of \$20 (postmarked by 9/20/10)
- I have included my entry fee of \$30 (postmarked after 9/20/10)
- I have included \$5 shipping & handling to have my T-shirt mailed to me.
- I will pick up my items at early registration.
- I will not be able to participate, but I'd like to make a donation of \$_____

TOTAL = _____

Please make checks payable to St. Catherine Hospital Development Foundation and mail to
401 E. Spruce, Garden City, Kansas 67846.

...it all comes back to you!



St. Catherine Hospital
Development Foundation
401 E. Spruce
Garden City, KS 67846

Race Against Cancer



October 2, 2010

Lee Richardson Zoo
Garden City, KS

Spirit 5K
Legacy 10K

Race Against Cancer

Benefiting St. Catherine Hospital

October 2, 2010
Garden City, Kansas

We invite you to join us for the Race Against Cancer benefiting St. Catherine Hospital. All proceeds from this life saving event will go toward advancements in oncology care at St. Catherine Hospital. We are pleased to announce that all funds raised from the 2010 Race Against Cancer will be utilized towards the purchase of a digital mammography machine to be housed in the Imaging Department at St. Catherine Hospital.

SCHEDULE OF EVENTS

Friday, October 1, 2010

5:00-8:00 pm- Early Registration at the
Clarion Inn
1911 E. Kansas
Garden City, KS 67846

Saturday, October 2, 2010

6:30 am- Run Registration & Breakfast

7:30 am- 5K/10K starts at
Lee Richardson Zoo
312 Finnup Dr.
Garden City, KS 67846

9:30 am- 1 mile Kids Fun Run
Kids of all ages welcome!

Strollers and spectators are
welcome on the runs/walks.

These races are USA
Track & Field Certified
Spirit 5K: KS09041BG
Legacy 10K: KS09040BG

REGISTRATION

Register using the attached entry form. The waiver on back must be completed and signed. A parent or guardian must sign the form for participating children. Please complete one registration form per race participant.

AWARDS

\$150 will be awarded to the first place male and female 10K runner.

QUESTIONS

Should you have any questions or concerns please feel free to contact the St. Catherine Hospital Development Foundation at 620-272-2530 or by mail at 401 E. Spruce Street, Garden City, Kansas 67846.

Did you know?

In 2010 209,060 individuals will be diagnosed with breast cancer. Each year St. Catherine Hospital performs over 2,500 mammography tests/screenings on patients from across southwest Kansas. Your participation in the St. Catherine Hospital Race Against Cancer will help us to save lives. Will the next life saved be yours?

Race Against Cancer Release & Waiver

Please fill out both sides, include payment, detach order form and return to:

St. Catherine Hospital Development Foundation
401 E. Spruce
Garden City, KS 67846

RELEASE AND WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection is provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks inherent with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and the condition of the roads, all such risks being known and appreciated by me. I agree to abide by all decisions of the race officials relative to my ability to safely complete this race. I agree not to wear headsets during the race. I am entering this event at my own risk and assume all responsibility for injuries I may incur as a direct or indirect result of my participation. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and to waive, release and discharge St. Catherine Hospital, St. Catherine Hospital Development Foundation, Laura's Legacy Foundation, Garden City, Kansas, Finney County Sheriff's Department, City of Garden City, including police for or on their behalf, from any and all claims or 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 through that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to the sponsors and/or agents authorized by them to use any photographs, videotape, motion pictures, recordings, or any other record of this event for any purpose.

Signature of Runner:

Signature of Parent/Guardian:

Date: _____