



# RELAY FOR LIFE OF GREENE COUNTY COLOR OUT CANCER 5K RUN/WALK

This 5k "color run" is a colorful fun event in conjunction with the Greene County Relay for Life. Participants will pass through a different color station every kilometer completed. Each color will represent a different cancer. There will be no awards or times. It is a fun run/walk to raise awareness of various cancers. White t-shirts and a meal will be provided to all participants.

**Find us on Facebook!** [www.facebook.com/relayforlifeofgreeneco](http://www.facebook.com/relayforlifeofgreeneco)

**Date** Saturday, April 25, 2015  
**Time** 9:30-10:15 am- Check in/Registration  
10:20 am- Survivor Walk  
10:30 am- Let the fun begin!  
**Location** Jefferson, IA-- Greene County Community Center, 204 W. Harrison  
**Fee** \$25- 13 years or older/ \$15- 12 years & under  
*Checks payable to American Cancer Society*  
**Limit** First 300 paid participants

Drop off or mail registration to the  
Greene County Community Center  
204 W. Harrison st  
Jefferson, IA 50129

Name \_\_\_\_\_ Age on day of event \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Relay for Life Team name (if applicable) \_\_\_\_\_

T-shirt size (please circle)

Youth Small	Youth Medium	Youth Large	
Adult Small	Adult Medium	Adult Large	Adult XL

### Waiver & Medical Authorization

In consideration of being permitted to participate in Greene County Relay for Life Color Out Cancer 5K I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the American Cancer Society and or the Greene County Relay for Life and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_