



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 Relay for Life of Greene County. Participants will pass through a different color station representing a different cancer at each kilometer. 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/relayforlifeofgreeneeco

Check out our website: www.relayforlife.org/greenecountyia

Date Saturday, April 23, 2016

Time 9:30-10:15 am- Check in/Registration
10:20 am- Survivor Walk
10:30 am- Let the 5K fun begin!

Location Jefferson, IA-- Greene County Community Center, 204 W. Harrison

Fee *On or before April 15 (postmarked on 4/15)-- \$20- 13 years or older/ \$10- 12 years & under*
April 16 and after-- \$25- 13 years or older/ \$15- 12 years & under
Checks payable to American Cancer Society

Best efforts will be made to host event rain or shine. Donation fees will not be refunded.

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	Adult 2XL	

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: _____