

CUFFS AGAINST CANCER

REMEMBER 5K/1 MILE FUN WALK

Saturday July 25, 2015
Registration Begins 7:00a.m.
Balloon Launch 7:55a.m.
Race Begins 8:00a.m.

Lake Shelbyville Visitor's Center, Shelbyville, IL

Last Name: _____ First Name: _____

Telephone #: _____ E-Mail: _____

Age Group (circle one): Under 14 14-18 19-29 30-39 40-49 50+

Shirt Size (circle one): Youth: S M L XL

Adult: S M L XL 2XL 3XL

Payment Options: Cash _____ Check _____
Make Checks Payable to: Shelby County Sheriff's Office

Registration: Print and complete form, mail form and payment to Shelby County Sheriff's Office Attn: Cuffs Against Cancer, 151 N. Morgan, Shelbyville, IL 62565. Pre-registration fee is \$20.00 if received by July 13, 2015 and are guaranteed an event T-Shirt. Registration after July 13, 2015 or on race day is \$25.00.

Liability and Photo Release: By signing below, I for myself, my executors, administrators and assignees, do hereby release and discharge from liability the, County of Shelby, Shelby County Sheriff's Office, Cuffs Against Cancer Relay For Life Team, all sponsors, directors and volunteers and organizers of the Remember 5K Run & 1 mile Walk/Run, all other persons associated with the event or otherwise, and their representatives, successors, and assigns for any and all injuries suffered by me in this event, however incurred or sustained. I consent to the use of my photograph taken for advertising, publicity or any other purpose on behalf of the Cuffs Against Cancer Relay For Life Team. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event.

Signature _____ Date _____

All Proceeds Benefit the Shelby County Relay For Life and American Cancer Society.

For Questions Please Contact: Daine Burkhead sc311@scso87.org

For Team Use only: Checked In _____ Shirt Given _____