McDonough County Health Department

Grin and Bear It

5K Fun Run or Walk

**Saturday, August 26, 2017- Macomb, Illinois**

Veteran’s Park

East University Dr.

Start Time: 8:00 a.m. (Event will be held Rain or Shine)

Race Day Registration: 6:45 a.m. – 7:45 a.m.

**Additional information for this event can be found on our website at www.mchdgrinandbearit.weebly.com**

**Proceeds go toward dental treatment for those in need in McDonough County.**

Advance Registration $25; Race Day $30

**\*\*Free Event T-Shirt for anyone that Pre-Registers prior to August 21, 2017!**

Shirts are not guaranteed after pre-registration date.

**Pre-registered participants may pick up packets the evening before the event from 5-7 p.m.at the McDonough County Health Department.** (505 East Jackson St. Macomb, IL)

Event will be timed. Awards for 1st, 2nd, and 3rd place overall for male and female.

***Please make checks payable to McDonough County Health Department for the amount of the event and mail along with completed form to: MCHD Grin and Bear It, 505 E. Jackson St. Macomb, IL 61455***

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**Please check Shirt Size:** Complete one form per participant – Deadline is 8/21/17 to be guaranteed a shirt

 Shirt Size: □ Small □ Medium □ Large □ X-Large □ XX-Large

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Enclosed:\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of your acceptance of this entry, I hereby for my heirs and executors, waive and release any and all rights and claims for damage against all supporters, including McDonough County Health Department, Veteran’s Park, and the City of Macomb, as well as any other officials and organizations associated with this Race for any harm or injuries suffered by me in connection with this event, and I am physically fit and sufficiently trained to participate in this event.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Entrant under 18 must have a Parent/Guardian Signature)

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_