



Relay for Life of Greene County SCRABBLE 5K Run/Walk

This is a 5k event in conjunction with the Relay for Life of Greene County. Participants will collect letter tiles along the NEW 5K course. Create the most words from collected letters and be entered into drawing for a variety of door prizes! Participants only need to create one word to win a prize. A meal will be provided to all participants.

Find us on Facebook! www.facebook.com/relayforlifeofgreeneco

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

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| Date | Saturday, April 22, 2017 |
| Time | 9:30-10:15 am- Check in/Registration 10:20 am- Survivor Walk 10:30 am- Let the 5K game begin! |
| Location | Jefferson, IA-- Greene County Community Center, 204 W. Harrison |
| Fee | <i>On or before April 14 (postmarked on 4/14)-- \$20- 13 years or older/ \$10- 12 years & under April 15 and after-- \$25- 13 years or older/ \$15- 12 years & under</i> |
| | 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 250 paid participants will receive a bandana and relay bracelet 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) _____

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: _____