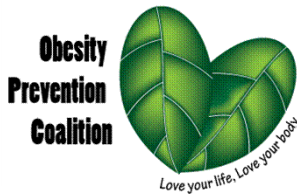


7th Annual Obesity Prevention Coalition Family Fun Run/Walk August 5, 2017 1 mile fun run/walk



- START TIME:** Line up begins at 9:45 a.m. and run/walk starts at 9:50 a.m.
- LOCATION:** The non-competitive fun run/walk follows the 1 mile Decatur Celebration parade route through downtown Decatur.
- PACKET PICKUP:** Friday, August 4, from 11 a.m. - 1 p.m. at the Macon County Health Department at 1221 E. Condit Street in Decatur *or* Saturday, August 5, from 9 - 9:30 a.m. in the VIP area at the intersection of East Main Street and U.S. Route 51 - Main. **Participants may also register during this time.**
- COURSE:** The course is approximately 1 mile through downtown Decatur.
- ENTRY FEE*:** \$10 per person or \$30 per family/team with up to 6 family members. **Entry fee includes: t-shirt (for pre-registrants before July 5th) and a special VIP area to watch the Decatur Celebration Parade with refreshments. The first 100 registrants ages 15 and over will receive a free, single day Decatur Celebration wristband for Saturday!**
*(Run/Walk proceeds benefit the Obesity Prevention Coalition)

Please mail form and payment made out to Obesity Prevention Coalition to:
MCHD Attn: Brandi Binkley, 1221 E. Condit St., Decatur, IL 62521

Questions? Call Brandi Binkley at (217) 423-6988 x: 1102 or email bbinkley@maconcountyhealth.org.

_____cut here_____

All unsigned waivers will be rejected. EACH PARTICIPANT NEEDS A WAIVER.

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

T-shirt size: YS YM YL AS AM AL AXL 2X 3X (**Must** be registered by July 5th to receive t-shirt.)

If registering a family/team, please provide names of other team members (**all members must also submit their own registration form**): _____

Release and Waiver

For and in consideration of my participation in the Decatur Celebration Family Fun Run/Walk, I hereby for myself, my heirs, administrators and assigns, release and discharge all volunteers, the Obesity Prevention Coalition, the Decatur Celebration, the city of Decatur, and all sponsors from claims, demands, liabilities, loss, damage and causes of action of any sort including attorney's fees, for injuries sustained to my person and/or property incurred by reason of my participation or preparation for the above said event due to negligence or any other fault. I certify that my participation in this event is free and voluntary. I know that running a road race is a potentially hazardous activity. I know I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of the race official to my ability to safely complete the run/walk. I give my permission to have my and/or my child's picture taken either by standard camera or video camera and/or be interviewed by Obesity Prevention Coalition members and event volunteers. I understand that the picture (s), video(s), and/or interview(s) content may be publicly displayed for event and/or coalition promotion. I have read and understand the foregoing Release and Waiver.

X _____ Date _____
Participant's signature (if under 18, parent or guardian signature)