



5K run/walk & 1-mile stroll

9 a.m. Saturday Nov. 6

Southeast Iowa Regional Hospice House

Miles & Memories



Register online
<https://bit.ly/MilesMemories>
 Or scan the QR code

Mail registration form to:
 Carrie Green, Great River Health Foundation
 Southeast Iowa Regional Medical Center
 5445 Avenue O, Fort Madison, IA 52627
 Makes checks payable to "Miles & Memories 5K Run/Walk"

Contact information (one form per person)

First name _____ Last name _____
 Street _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Birth date _____ / _____ / _____ Gender F M

Emergency contact

Name _____ Phone _____ Relationship Family Friend

Registration choice

(✓) check one event	12 & under (through Oct. 15)	12 & under (after Oct. 15)	13 & over (through Oct. 15)	13 & over (after Oct. 15)	Adult sizes (unisex)	Youth sizes (unisex)
<input type="checkbox"/> 5K Run/Walk (timed)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> S <input type="checkbox"/> XL	<input type="checkbox"/> YS
<input type="checkbox"/> 5K Run/Walk (untimed)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> M <input type="checkbox"/> 2XL	<input type="checkbox"/> YM
<input type="checkbox"/> 1 mile stroll (untimed)	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> L <input type="checkbox"/> 3XL	<input type="checkbox"/> YL

WAIVER: REQUIRED. PLEASE READ AND SIGN.

ADULT WAIVER: I know that participation in the Miles & Memories 5K is a potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I understand and appreciate all the risks associated with this event - including but not limited to falls, contact with other participants, effects of weather, traffic, and road conditions. Having read and understood this waiver, I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against Great River Health System, Two Rivers Financial Group, the City of West Burlington, their affiliates, agents, employees, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Miles & Memories 5K, including any and all claims for personal injuries caused by negligence. In exchange for consideration received, I hereby give permission to Miles & Memories 5K run/walk to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

PARTICIPANT SIGNATURE _____ DATE _____

MINOR WAIVER: This section to be read and signed by parent/legal guardian if Participant is a minor (younger than 18 years of age): As the parent/legal guardian of the above-named Participant, I hereby waive and release on behalf of my child, any and all claims, causes of action, or liabilities which may hereafter accrue against Great River Health System, Two Rivers Financial Group, the City of West Burlington, their affiliates, agents, employees, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, by reason of my child's participation in the Miles & Memories 5K, including any and all claims for personal injuries caused by negligence. In addition, I accept full responsibility for the care and supervision of my child during the above-described run.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
REQUIRED IF PARTICIPANT IS YOUNGER THAN 18 YEARS OF AGE.

Memorial shirt imprint – Loved one's name on event shirt back. **Must be received by Friday, Oct. 15.**

\$125 **IN MEMORY OF** _____

(✓) Check complimentary T-shirt size: Adult: S M L XL 2XL 3XL Youth: YS YM YL