

MENDOTA COMMUNITY HOSPITAL

Cornapalooza

**5K/10K RUN
5K WALK**

AUGUST 8 • 2009

Mendota Community Hospital presents a 5K & 10K Run & 5K Fitness Walk. The race starts & ends at MCH. The course will take you west outside of Mendota to take on the rolling hills & sights of rural Mendota. 10K course will include a 1-mile stretch of compacted gravel road. Race Day registration & Packet pick-up starts at 6:30 a.m. 5K & 10K Run & 5K Fitness Walk will begin at 8:00 a.m. Race participants should not park in MCH parking lot. Street Parking is available, but do not park on the course.

- Official Cornapalooza T-shirt for participants (size nor shirt guaranteed for late registrants)
- Accurately Measured Courses (Jones Counter Method)
- Awards will be presented to the 1st overall male & female runners in the 5K & 10K runs. 1st through 3rd places will be awarded medals in each age group.
- Entry fees: \$20 if postmarked by 8/1/09 \$25 after 8/2/09
- Make checks payable to: MCH Foundation
- Mail Payment & Entry Form to: MCH Foundation, 1315 Memorial Dr., Mendota, IL 61342

AGE DIVISIONS- 5K / 10K RUN 14 & under 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65 & over

TEAR OFF HERE

Name _____
First Middle Initial Last

Address _____

City, State _____ Zip _____

Phone _____ Email _____

Birth date _____ Age (8/8/09) _____ Male _____ Female _____



EVENT (Circle One) SHIRT SIZE (Circle One)

5K RUN 10K RUN 5K WALK YL S M L XL XXL

| EVENT | PRE RACE (By 8/1/09) | RACE DAY (8/2-8/8/09) |
|-----------------|-------------------------|--------------------------|
| 5K/10K Run | \$20 | \$25 |
| 5K Fitness Walk | \$20 | \$25 |

Use a credit card by registering on-line
www.signmeup.com/64580

PARTICIPATION WAIVER:

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child and/or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may be entitled to (or accrue to me or my minor child) as a result of participating in these programs/activities against: Mendota Community Hospital, Mendota Chamber of Commerce, City of Mendota, Mendota Township, including its officials, sponsors, volunteers and employees. I do hereby fully release and forever discharge Mendota Community Hospital from any and all claims for injuries, damage or loss that my minor child or I may have or which may accrue to me or my minor child and rising out of, connected with, or in anyway associated with these activities. Participants registering or their parents hereby permit the taking of photographs, audio, or video taping during the Mendota Community Hospital Activities for publication and use as Mendota Community Hospital deems appropriate. I further state I have trained adequately and am in suitable condition to compete in this event.

I have read and fully understand the above and waive and release all claims:

For Office Use Only:
Cash Check

Signature: _____ Date _____ BIB # _____
(Parent of Guardian's signature if participant is under the age of 18)

Please return Registration Form with Payment to: Mendota Community Hospital Foundation, 1315 Memorial Dr., Mendota, IL, 61342.
 For More Information Call; JoEllyn Gahan, 815-539-7461, ext. 3209 or jgahan@mendotahospital.org

www.mendotahospital.org