

Heart2Heart

5k Run, Walk, or 1 Mile Fun Run

Proceeds to Benefit:
Cardiac Rehab Scholarship



Saturday- February 23, 2019

Advanced Registration deadline Wednesday, February 20th at 11:59pm
Early Packet Pickup on Friday, February 22nd after 1:00pm at the Wellness Center!
5K-Run 8:00am — 3 Mile Walk 8:05am — 1 Mile Fun Run (kids ages 5-10) 7:30am

Grand Prizes: \$150 VISA Gift Cards For Overall Male and Female Winners

- 5k Medals for 5 year age divisions for both MALE and FEMALE per **Georgia Grand Prix** (10 & under, 11-14, 15-19, etc.).
- Refreshments, T-Shirts, Door Prizes, and Photo opportunities! Detailed event information found on our website!

Registration visit: www.wellness247.org/events

First Name: _____ Last Name: _____
 DOB: ____ / ____ / ____ AGE: _____ Gender: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Cell: _____ **Shirt Size** _____

Make Checks Payable to: CRMC Cardiac Rehab Scholarship.

Mail to: CRMC Wellness Center, 200 Doctors Drive, Suite 222, Douglas, GA 31533.

In consideration of the acceptance of this event entry, I, on behalf of myself (or if event participant is a minor under eighteen (18) years of age, in my capacity as parent or legal guardian of event participant), and on behalf of my and/or my minor child's/ward's heirs, executors, administrators, assigns, personal representatives, and next of kin, do hereby forever release, hold harmless, and discharge Coffee Regional Medical Center, Inc., including its directors, officers, employees, affiliates, and successors, as well as all event sponsors and volunteers, and the City of Douglas (collectively the "Releases") from any and all liability for injuries and/or damages that I and/or my minor child/ward might sustain in connection with participating in this event. Should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, I will indemnify, hold harmless and defend the Releases from any and all costs, expenses, or liability including, but not limited to, the cost of any settlement or judgment made or rendered against the Releases, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand, or lawsuit, including attorney's fees. I understand that participating in this event is a potentially hazardous activity, which may cause serious injury and/or death. I agree to abide by any decision of an event official relative to my ability and/or the ability of my minor child/ward to participate in the event. I am assuming, on behalf of myself and/or my minor child/ward, all risks associated with participating in this event, including, but not limited to, falls, contact with other participants, the effects of weather (including extreme temperatures), traffic, and the conditions of the road/running surface and equipment (including the equipment used in the obstacle course), all such risks being known and appreciated by me. Furthermore, I hereby grant full permission to Coffee Regional Medical Center, Inc. and/or event sponsors to use my name and likeness (and/or that of my minor child/ward), as well as any associated photographs and/or video/audio recordings, as they relate to participation in this event, for any legitimate purpose, including marketing and promotional materials.

Advanced Registration Only

____ 5k Run \$25.00
 ____ 3 Mile Walker \$20.00
 ____ 1 Mile Kid \$15.00 (ages 5-10)
 ____ **\$ Tax Deductible Donation**
 ____ 2 XL Shirt add \$2.00
 ____ 3 XL shirt add \$3.00

(Late Registration & Day of Event will be an additional \$5.00)

Participant Signature or Legal guardian of Youth under age of 18

Date