

CHC Foundation



5K Fun Run/Walk

Sponsored by:

May 28, 2011

8:00 a.m.

Girls on the Run 8:10 a.m.

Registration - 7:15-7:45 a.m.
Corner of Bishop Ave and Charles
Sherman Dr. at Heritage Park



 CHC Wound Healing Center

ADULT & PEDIATRIC



DENTAL CARE



Joudat Daoud, M.D., F.A.C.P.
Diplomate American Board of Internal Medicine

Daoud Surgery and
Family Medicine


Urology Associates



COLDWATER
OBSTETRICS & GYNECOLOGY
Edward C. Lake, Jr., M.D.

CBPU - Morrison Financial Group
James McClain, D.P.M. - Chemical Bank

Pre-Registration Entry Fees:

- \$10.00 Children under 16—Must be accompanied by parent or guardian
- \$20.00 for individual entry
- \$35.00 for family entry

All registrations the day of the event are \$5 more.

**Proceeds will benefit
the Girls on the Run program.**

For more information call: CHC Foundation at 279-5008 or log on to the CHC website at www.chcbc.com.

REGISTRATION FORM

Child Registration-under 16 (\$10) _____
Single Registration (\$20) _____
Family Registration (\$35) _____

****Individual forms must be completed
by each family member.**

T-Shirt Size: _____

**Deadline for T-shirts May 13
T-Shirts available for the first
125 registrants.**

Elementary school (for traveling trophy)

Mail form and entry fee to:

**CHC Foundation
274 E. Chicago St.
Coldwater, MI 49036
Phone: 279-5008 Fax: 279-5499
E-mail: foundation@chcbc.com**

Name

Address

Phone

Email Address

Age on race day

Sex

Waiver: PLEASE READ CAREFULLY BEFORE SIGNING: In consideration of acceptance of my entry, I, for my heirs, personal representatives, and administrators, release and forever discharge COMMUNITY HEALTH CENTER FOUNDATION, 5K FUN RUN/WALK, race director, race committee, race organizers, and any sponsors of this event of all liabilities, claims, action, damages, costs or expenses which I may have against them arising out of my participation in this event. I certify that I am physically fit and able to participate in this event, and I have not been advised otherwise by a qualified medical person.

Consent to Photograph: I hereby authorize the Community Health Center of Branch County and the CHC Foundation to take photographs, videotapes, computer images or other images of me as is desired. I further permit that such may be produced, published, or republished for any purpose deemed fit to be in the interest of medical study and education, research, knowledge, public relations, marketing, or similar purposes.

Signature (must be signed by parent or guardian of minors)

Date