

About HoosiersCare

HoosiersCare is a nonprofit organization which provides comfortable, affordable housing and personal support to Midwest Proton Radiotherapy Institute patients and their caregivers. The money raised through this event will be used towards updates on current homes and the purchase of an additional home.

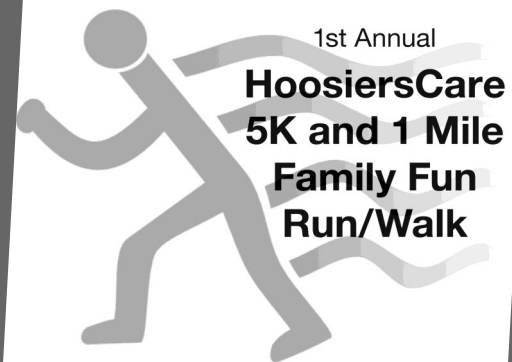
Follow Us

- Mail in entry form or register online at www.hoosierscare.com
- For more information on the race, its sponsors, training tips, and updates on door prizes, visit us on Facebook (linked from the above website) or follow us on Twitter at www.twitter.com/hoosierscare5k

5K Certified Course



Mail/Make Checks Payable To:
HoosiersCare 5K and 1 Mile Family Fun Run/Walk
2700 East Rogers Road
Bloomington, IN 47401
Phone: 812-876-4020
Fax: 812-876-8375
Email: hoosierscare5k@gmail.com



Saturday,
April 10, 2010

9:00AM - 11:00AM

2700 East Rogers Road
SOCC Parking Lot

Race Day Schedule

Registration/Packet Pickup 7:30-8:30AM
5K Run Start Time 9:00AM
1 Mile Family Fun Run/Walk Start 9:30AM
Raffle and Awards Ceremony 10:15AM

5K (Certified Course)

\$15/person through 4/4 (includes blue shirt and raffle ticket) - postmark date of 4/2

\$20/person on-site (on-site registrants are not guaranteed a shirt)

NOTE: Participants may walk the 5K, however, there will not be separate registration or awards for walkers.

1 Mile Family Fun Run/Walk

\$5/person (no shirt available; all participants will receive a finisher's ribbon and raffle ticket)

Free to 5K Runners (Just join in!)

Award Categories

Top 3 Overall Male and Female Finishers
Top 3 Male and Female Finishers in the following age categories:

- 10 and Under, 11-14, 15-19,
- 20-24, 25-29, 30-34, 35-39,
- 40-44, 45-49, 50-54, 55-59, 60+

Event Selection (circle one)

- 1 Mile **\$5**
- 5K (Preregistered by 4/4) **\$15**
- 5K (After 4/4—not guaranteed a shirt) **\$20**

NOTE: All participants, including children, must register individually.

Circle Shirt Size (5K Only—No Shirt for 1 Mile Participants) - 5K shirts are only guaranteed for preregistrants

S M L XL

Registrant's Information

Name:

Address:

City, State, Zip:

E-Mail:

Phone:

Date of Birth:

Age on 4/10/10:

Gender (circle one): Male Female

Emergency Contact Name/Phone:

Event Participant Waiver

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and am in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless HoosiersCare, its affiliates, any race sponsors and their employees, the race directors, and all other persons or entities associated with this race, including personal injury or damage suffered by me or others, whether same be caused by negligence of HoosiersCare, its affiliates, any race sponsors and their employees, the race directors, and all other persons or entities associated with this race. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to HoosiersCare and its affiliates to use any photographs, videotapes, or other recordings of me that are made during the course of this event. If I am under 18 years of age, I understand that I must have my parent/guardian's signature in order to participate. No refunds for any reason shall be given. No pets allowed. Use headphones at your own risk.

●—————●
Entrant's Signature or Parent/Guardian's Signature

●—————●
Date