



BOO RUN 2017

Saturday, October 7th.

Registration will be at 8AM. Race starts at 9AM.

Race will start at Ferrell Hospital in parking lot on Pine Street.

Participant forms and money must be returned to the hospital or mailed to the below address:

Ferrell Hospital
c/o Bethany Reyling
1201 Pine Street Eldorado, IL 62930

Awards will be given to the top walker and runner in each age group. Overall male and female walker and runner will receive a trophy.

Prize given for best costume

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try Fees:

\$20-Pre Registration

\$25-Registration on Race Day

Please checks payable to Ferrell Hospital

Age Groups:

12 & Under 40-49

13-19 50-59

20-29 60-69

30-39 70& Older

PROCEEDS WILL GO TO THE FERRELL HOSPITAL SHOLARSHIP FUND

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Gender: _____

Shirt Size: _____ *Cannot guarantee a shirt if you do not pre-register by September 18*

____ WALK _____ RUN

I am aware that participating in a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official to my ability to safely complete the run/walk. I assume all risks associated with running this event, including but not limited to falls, humidity, traffic and the conditions of the road or path. All such risks being known and appreciated by me and having read this waiver, I release River to River runners and its race officials, the municipalities through which the race is run, and all sponsors, their representative and successors from all claims or liabilities of any kind arising out of my participation in the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other records of this event for any legitimate purpose. I understand that during the race, animals, roller skates, roller blades and scooters will not be allowed.

Participant Signature: _____ Date: _____
(Parent or guardian if under 18)

Official Use Only: Date Entry Rec'd: _____ Amount Paid: _____ Employee: _____