

5K RUN/WALK

LIGHT THE ROAD for OSF Hospice

OSF Home Care Services will host Light the Road 5k run/walk and family picnic to benefit OSF Hospice.

When: Saturday, June 6, 2009
Where: Tri Lakes, 2100 Bunn Street,
Bloomington, IL
Time: 3:00 - 4:00 p.m. Registration
4:00 p.m. Race begins

The race entry fee includes a picnic that will feature a pig roast, hot dogs, children's activities and live music by Hip Pocket. Top finishers will receive Gold's Gym memberships.

For more information contact Amy Kelso at (309) 683-7770 or amy.kelso@osfhealthcare.org.

Tickets are limited.

Sponsored by:



OSF[®]
HOME CARE SERVICES



GetMeRegistered.com
RACE CLEAN * LIVE GREEN

Packet pick-up will be:

Friday, June 5, from 8:30am- 4:30pm at the Bloomington, OSF Home Care Services office, 2416 E. Washington Street, Suite B
Saturday, June 6, beginning at 3:00pm at Tri Lakes

This event will occur rain or shine.

We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds, rather, your entry fee will be used as a donation to OSF Hospice.



2009 Light The Road Application

Application may be reproduced for another participant

Official Use Only

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First Name (please print)

Last Name (please print)

Street Address

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City

State

ZIPCODE

Employer/Company Name

Home Phone

Work Phone

email address

SMLXXL

Date of Birth

Age

Sex

T-Shirt Size

(on June 6)

AGE GROUP	(circle appropriate class)											Awards for top two finishers in each group	
MEN:	19 & Under	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
WOMEN:	19 & Under	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	

- Register me for **Light the Road**. Each cost \$25.00 (includes picnic)
- Please accept my **tax deductible donation** to OSF Hospice in the amount of \$_____
- I am a **Lake Run Club Member** - \$20.00 (includes picnic)
- I would like to purchase _____ additional tickets - \$15.00/1 Adult, \$25.00/2 Adults, \$30.00/Family of 2 Adults & 3 Children, \$5.00/1 Child

WAIVER: I know that running a road race is a potentially hazardous activity. I know that 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 relative to my ability to safely complete the run. I assume all risks associated with running this event. I also know that although police protection will be provided, I assume the risk of running in traffic. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release OSF Home Care Services, the City of Bloomington, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs or any other record of this event.

Participant Signature Parent/Guardian Signature (if participant under 18) Date

ENTRY WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE!

**RETURN ENTRY FORM, WAIVER and CHECK PAYABLE TO OSF HOSPICE TO:
OSF HOME CARE SERVICES, 2416 E. WASHINGTON STREET, SUITE B, BLOOMINGTON, IL 61704**