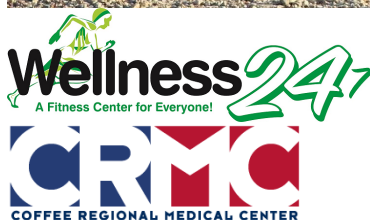




HEART2HEART CHARITY RUN

Saturday, February 15, 2025



Coffee Regional Medical Center
1101 Ocilla Road, Douglas GA 31533



Advanced Registration ends Wed, Feb 12th @ 11:59pm; **Early Packet Pickup** Thurs, Feb 13th (2pm-7pm) at the **Wellness Center!** **5K Run** start at **8:30am** — **1 Mile Fun Run & Walk** **7:45am**.
Online registration visit: www.itsyourrace.com

First Name: _____ Last Name: _____
DOB: ___/___/___ AGE: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ **Shirt Size: Yth _____ A _____**
To receive finish line photos a Cell Phone Number and Cell Phone Carrier (AT&T, Sprint, Verizon, etc.) is needed. Also make sure your bib is on the front of your shirt.
Cell: _____ Cell Carrier: _____

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 (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.

Prices increase each month – register early!

- _____ **5k Run**
Jan- \$25, Feb- \$30
- _____ **1 Mile Walker**
Jan- \$15, Feb- \$18
- _____ **1 Mile Fun Run** (youth ages 5-10)
Jan- \$12, Feb- \$15
- *** Virtual 5k or 10k Run —register online with instructions & fees *****
- _____ **2 XL Shirt** add \$2.00
- _____ **3 XL shirt** add \$3.00
- _____ **Charitable Donation**
(Late Registration & Day of Event will be an additional \$5.00)

Participant Signature or Legal guardian of Youth under age of 18

Date