



**EMPLOYEE PAYROLL DEDUCTION FORM**

**2015 GIRLS JUST WANNA RUN Presented by Rick's Automotive**  
Saturday, July 18 - 7:30 a.m.  
Cox North, Jefferson & Lynn, rain or shine!

**Early Bird Registration until June 10 (Guarantees t-shirt size)**

5K: \$20 adult; \$15 child (10-14)  
10K: \$25 adult; \$20 child (10-14)

**June 11 – July 17 (shirt size not guaranteed)**

5K: \$25 adult; \$20 child  
10K: \$30 adult; \$25 child

**Event day, July 18 (shirt size not guaranteed)**

5K: \$30 adult; \$25 child  
10K: \$35 adult; \$30 child

Please indicate your preference by circling the race of your choice.

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on day of event: \_\_\_\_\_

I hereby authorize \$\_\_\_\_\_ to be deducted from my next paycheck.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Complete Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If purchasing more than one entry, please provide name, address, date of birth, age on race day and email address for each additional participant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return registration *and* Participant Release Form for EACH registrant through interoffice mail to:  
CoxHealth Foundation, Medical South, Suite 204  
Or FAX to 269-9599**

# **PARTICIPANT RELEASE FORM**

## **Girls Just Wanna Run 5K 10K Run/Walk for Women's Health 2015**

**I, \_\_\_\_\_ understand that my, or my minor child, or the minor child in my legal custody's (collectively "my") participation in the CoxHealth and CoxHealth Foundation Girls Just Wanna Run 5K 10K Run/Walk for Women's Health sponsored by Fitness Showcase ("race") is at my own risk. I understand there are risks associated with physical activity involved in the race, including, but not limited to, possible falls, contact with other participants, effects of weather, traffic and road conditions.**

**I agree to indemnify, defend and hold Lester E. Cox Medical Center, a Missouri pro forma corporation, and its respective officers, employees, affiliates, subsidiaries, and independent contractors ("CoxHealth"), and all sponsors of the Race ("Sponsors") and the City of Springfield (the "City") harmless from and against any and all claims, liability, judgments, fines and expenses, including all attorney's fees and amounts paid in settlement actually and reasonably incurred in connection with any proceeding, to which CoxHealth, Sponsors, and/or the City is, or at any time becomes a party to or is threatened to be made a party due to my participation in the race. I hereby grant to CoxHealth, with respect to photographs, motion pictures, video recordings or any other record of the race, in which I may be included, to copyright the same in its own name or otherwise; to use, reuse, publish, and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name and any statement made by me in connection therewith, if CoxHealth so chooses.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature for participants under 18

