

# Hospice Volunteer Initiative

presents

## Hands for Hospice



# 5K

# Run

2013

# Walk

## Saturday, November 16, 2013

Check in & registration - 9:00 a.m.

Start time - 10:00 a.m.

SIUe campus - cross country course

N. University Dr off of New Poag Rd, Edwardsville, IL, 62025

Timing by Toolen's Running Start

### Prizes awarded to top finishers

Registration fee: \$15 early entry (before 11/16) • \$20 event day entry

Includes free long sleeve t-shirt

Open to all ages • All minors must be accompanied by an adult

### For more information & to register online:

Kathy Wilson: [kwilson@hospice.org](mailto:kwilson@hospice.org) or call: 618-235-1703

Online registration • [www.hospice.org](http://www.hospice.org) • [active.com](http://active.com)

Give together.

Hospice Volunteer Initiative

Care forever.

In  
partnership  
with

Hospice  
OF SOUTHERN ILLINOIS, INC.



# Hospice Volunteer Initiative



# Hands for Hospice



# 5K Run/Walk

## General Information

**When:** Saturday, November 16, 2013. Check-in and registration begins at 9:00 a.m.  
5k Run/walk start time is 10:00 a.m.

**Where:** SIUe campus - cross country course (N University Dr off of New Poag Rd,  
Edwardsville IL, 62025)

**Entry Fee:** Early Entry \$15 (before November 16). Event Day Entry \$20.  
Prizes awarded to top finishers. To register online search Hands for Hospice on  
active.com or visit [www.hospice.org/how-can-i-support/upcoming-events/](http://www.hospice.org/how-can-i-support/upcoming-events/)

**Contact:** Kathy Wilson: [kwilson@hospice.org](mailto:kwilson@hospice.org) or call 618-235-1703.

Visit our website: [www.hospice.org](http://www.hospice.org)

**Rules:** Must sign waiver, release & registration forms. Race numbers must be worn by all  
participants and visible at all times. The event will start, rain or shine, promptly at 10 a.m. If we  
encounter inclement weather, event will not be rescheduled and entry fee will be considered a  
donation. Participants are welcome to run or walk. Participants will be automatically entered in a  
drawing for attendance prizes donated by local businesses.

Saturday,  
November 16, 2013  
SIUE Campus

Check-in: 9:00 a.m.  
Start time: 10:00 a.m.

## Register Now!



Race # \_\_\_\_\_ Option to register online: Search Hands for Hospice on active.com or Visit [www.hospice.org/how-can-i-support/upcoming-events/](http://www.hospice.org/how-can-i-support/upcoming-events/)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address, City, State, and Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ T-Shirt Size (circle): Small, Medium, Large, XL, XXL, None

Amount Enclosed: Cash or Check \_\_\_\_\_  I am unable to participate, but please accept my donation.

*\*\* Registration is not complete until payment and waiver are received. Please return payment and registration/waiver form to  
Hospice of Southern Illinois Attn: 5K, 305 S. Illinois St., Belleville, IL. 62220. \*\*\* Make checks payable to Hospice of Southern Illinois.\*\*\**

I understand that participating in this event is potentially hazardous for me and that I should not enter and participate unless I am medically able. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather and conditions of the premises. I, for myself and my heirs and executors, hereby waive, release and forever discharge Hospice Volunteer Initiative and Hospice of Southern Illinois, Inc., the event organizers, venue owner, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I authorize Hospice Volunteer Initiative and Hospice of Southern Illinois to use any photographs taken at this event for any and all future internal and external media publications.

Participant/Guardian Printed Name \_\_\_\_\_

Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_