

Official registration form [Complete and return this panel with your payment.](#)

One registration form per participant is required. Copies of this form are also acceptable. To pre-register, this form must be postmarked by March 28. Registration fee for all races is \$25 if postmarked by March 28 and \$30 the day of the races.

Make checks payable to Christie Clinic.

Mail to: [Christie Clinic](#) [Human Resources Department](#) 101 West University Avenue Champaign, IL 61820

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

[Release and waiver](#)

In consideration of your acceptance of this entry, I hereby, for myself, heirs, executors, and administrators, waive any and all claims I may have for damages against **Christie's 25th Run for the Health of It**, Christie Clinic, all individuals associated with the event, their representatives, successors, assigns, and the City of Champaign, Illinois, for any and all injuries suffered by me in connection with said event, including pre- and post-race activities. I have been advised that I must be in good health to participate in this event, and I attest and verify that I am physically fit and have sufficiently trained for this event. I hereby grant my irrevocable permission to Christie Clinic and its authorized agents to use my name and any photographs, videotapes, motion pictures, recordings, and any other record of my participation in this event for any purpose.

Signature Date Parent or guardian if participant is under 18 years of age

I am

Male

Female

I will be ____ years old on day of race

T-shirt size

Small

Large

Medium

X-large

I will participate in the

10K Run

5K Walk

5K Run

Wheelchair Race