



Family Counseling Center, Inc. 2nd Annual *Helping Others Help Themselves 5K*

WHEN: Friday, October 9th, 2015

WHERE: Registration at Vienna City Park— Run/Walk course will be on the Tunnel Hill State Trail

TIME: Registration at 5:00 p.m. — 5K Run 6:00 p.m. — 5K Walk 6:05 p.m. — Fun Run 7:00 p.m.

ENTRY FEES:

- 5K Run/Walk registration fee- \$25 (if registered by Sept. 1st)- After Sept. 25th- \$30
- 1 Mile Fun Run- \$15 (pre-register by Sept.25th to be guaranteed participation ribbon)
- Proceeds benefit Family Counseling Center's Inc. Development Services consumers and Autumn Ridge Supportive Living Facility residents

REGISTRATION:

- Registration forms & online payment available at: www.fccinonline.org
- Mail completed form to: Family Counseling Center, PO Box 1328, Vienna, IL 62995
- Make checks payable to Family Counseling Center, Inc.
- Contact Stephanie at 658-2775 for additional information or questions

RACE DAY SHIRTS:

- Shirts are guaranteed to everyone who pre-registers for the 5K Run/Walk & Fun Run by Sept 25th.

AWARDS:

- Top overall male and female 5K Run finishers (trophy)
- Top overall male and female in each age group (medal):
<14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
- All pre-registered participants of the Fun Run (ribbon)

Make checks payable to Family Counseling Center, Inc. Mail check and entry form to FCC, PO Box 1328, Vienna, IL 62995.

Name: _____

Address: _____

Phone: _____ Email: _____

Race (circle one): 5K Run 5K Walk 1 Mile Fun Run

Age: _____ **Sex:** Male or Female **Shirt Size:** Youth- S M L

Adult- S M L XL XXL XXXL

Waiver: I have signed this entry from intending to be legally bound, hereby to myself, my heirs, executors, and administrators and release any and all rights and claims for damages I might have against the organizers of this race and officials and other sponsors of this event and their representatives for any and all injuries suffered by me in the event. I attest that I am physically fit and have sufficiently trained for the event and a licensed medical doctor has verified my physical condition. Furthermore, I hereby grant full permission to any and all of the foregoing to use my photograph or any other record of this event for any legitimate purpose. This entry is invalid unless signed by the entrant. If entrant is under 18 years of age then entry must be signed by parent/guardian. The official race director reserves the right to reject any entry.

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____