



9TH ANNUAL
HALLOWEEN HUSTLE
5K RUN/WALK

Date & Time: Saturday, October 29, 2022 at 9AM

Location: Starting line at the Oquawka Track

DOOR PRIZES UP FOR GRABS!

PRIZES AWARDED FOR FASTEST MALE AND FEMALE!

SIGN UP TODAY!

Registration fee is \$25

Ages 14 & under free registration

(Register before October 1st for t-shirt guarantee)

Please make checks payable to:

Eagle View Community Health System

**Please mail form and
payment to:**

EVCHS 5K

Attn: Emily Higgins

P.O. Box 198

Oquawka, IL 61469

Name: _____

Mailing address: _____ **State & zip:** _____

Email address: _____ **Phone:** _____

Date of birth: _____ **Shirt size:** *Adult S, M, L, XL, 2X, 3X, 4X*
(T-shirts not available for ages 14 and under)

I hereby acknowledge that I voluntarily applied to participate in the Eagle View Community Health System "Halloween Hustle" race event. I understand the activities involve risks and hazards and that I am fully capable of participating in these activities. I am willing to assume the risk of injury, death, or loss of personal property, and expenses thereof, as a result of any cause, but not limited to, my own negligence or the negligence of others participating in the race. I hereby release, indemnify, and hold harmless the organizers, sponsors, their officials, agents, volunteers, participants, employees, officers, and directors (this includes the State of Illinois, Village of Oquawka, and Eagle View Community Health System) for any claim, case of action, or liability arising from or by reason of any bodily or personal injury, death, or loss of personal property. This agreement will serve as a release and assumption of risk from me and all members of my family. I also authorize any emergency medical treatment in case of injury. I understand that any medical cost incurred will be my own responsibility. I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I may have, and I enter into this contract on behalf of myself and/or my family of my own free will.

Signature Date

Parent/guardian if under age 18 Date