



4TH ANNUAL SSM Health Physical Therapy
RUN for the MISSION
 5K / 10K / 1 Mile Fun Run
 RACING FOR: *The Vicki Horst Memorial Fund*

November 10, 2018

This race supports the Vicki Horst Memorial Rehabilitation Fund
For More Information Please Visit www.ssmhealthathome.com/foundation

When: November 10, 2018
Time: 9:00AM
Location: East Belleville YMCA
 2627 Carlyle Ave.
 Belleville, IL 62221

Registration

Sign up by going to ssmphysicaltherapy.com or mail in the below form

1 Mile Fun Run	\$15
5K Run/Walk	\$30
10K Run	\$40

*If registering after Nov 1st, price increases by \$5 and not guaranteed race shirt

COSTUME CONTEST FOR KIDS FUN RUN!

Course

Start at the YMCA continue on the SCCTD Trail and return back to the YMCA

Packet Pick Up

Please feel free to pick up race packet Friday, November 9th at the YMCA from 3-7 pm or day of the race. Check-in starts at 8AM on Saturday, November 10th

Questions? (618) 624-7077

Make Checks Payable and Send Entry Forms to:
 SSM Health Physical Therapy
 1901 Frank Scott Pkwy East, Shiloh, IL 62269

Name: _____	Phone: _____
Address: _____	Age (as of 11/10/18): _____
City/State/Zip: _____	Birthday: _____
Circle Gender: Male Female	Email Address: _____
Circle T-shirt Size: Youth Small/Medium/Large Adult Small/Medium/Large/X-Large/XX-Large	
Circle Event: 1 Mile Fun Run 5K Run/Walk 10K Run	
<p>I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I myself and anyone on my behalf: waive and release SSM Health Physical Therapy, the 5K/10K committee, the Gateway Region YMCA, St. Clair County Transit District, and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.</p>	
Participant Signature: _____	Date: _____
(Parent/Guardian signature if participant is a minor)	