

# Casa Grande Community Hospital Foundation's



## in support of

MAMMOGRAM SCREENING PROGRAMS FOR UNINSURED/UNDERINSURED PATIENTS AT BANNER CASA GRANDE MEDICAL CENTER.

MULTI-YEAR MEDALS ● CHIP TIMED ● FINISHER AWARDS

### Central Arizona College

**SAT  
DAY**

**FEB 2  
2019**

**6TH  
ANNUAL**

**REGISTER NOW**

**AT CASAGRANDEHALFMARATHON.COM**

FOR MORE INFORMATION CONTACT:  
Kaitee.Doll-Bell@bannerhealth.com or  
Karen.Pitman@bannerhealth.com

**HALF MARATHON**  
7:30 A.M.

- \$60 - prior to Jan. 2, 2019
- \$70 - Jan. 3 - Jan. 31
- \$80 - Last Minute Feb. 1-2

**5K RUN**  
7:45 A.M.

- \$35 - prior to Jan. 2, 2019
- \$40 - Jan. 3 - Jan. 31
- \$45 - Last Minute Feb. 1-2

**1 MILE WALK**  
8:00 A.M.

- \$25 - prior to Jan 2, 2019
- \$30 - Jan. 3 - Jan. 31
- \$40 - last minute Feb. 1-2

\* Students under 15 yrs can receive a \$5 discount.

# Casa Grande Community Hospital Foundation's 6th Annual 5K & Half Marathon Saturday February 2nd 2019



# Registration Form

CASAGRANDEHALFMARATHON.COM

Name (print) \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

T-shirt size (Check one)  Small  Medium  Large  X-Large  XX-Large  XXX-Large

Female runners will receive a female t-shirt. Male runners will receive a male t-shirt.

**DREAMING FOR CHARITY**— Consider my registration as a donation. I will not be participating in the event and understand that no t-shirt or race packet will be provided.

## Runners Waiver

1 MILE

5K

HALF MARATHON

Having read this waiver and knowing at my own risk, I, for myself and anyone entitled to act on my behalf, hereby waive and release any and all claims for damages, liabilities, injuries, including negligence claims, that I may incur as a result of my participation in the event against Casa Grande Half Marathon and 5K race committee, sponsors, employees, volunteers, spectators, non-profit organizations, officials, city, county and state for said injuries that may occur prior to, during and after the event. I hereby certify that I have full knowledge of the risks involved with the event, and I am physically fit and sufficiently trained to participate. However, if as a result of my participation in Casa Grande Half Marathon and 5K race I require medical attention, I hereby give my consent to authorized medical personnel of the Casa Grande Half Marathon and 5K race to provide such medical care as is deemed necessary by such authorized personnel and that I am fully responsible for all medical expenses that occur during race and/or my treatment. I understand that the entry fees for the Casa Grande Half Marathon and 5K race are non-refundable and non-transferable. I further understand that due to the time of year that this event is held there is the possibility of varied weather during the running of this event and I do assume all weather related risks with my participation in this event.

I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video film, audio or other reproduction, by the Casa Grande Community Hospital Foundation and Banner Health for dissemination in all types of media for public relations purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature required if under 18 yrs.

## Emergency Contact

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Packet pick-up will be on Friday, February 1st at Casa Grande Lakes Clubhouse, 501 W Casa Grande Lakes Blvd S.

Early Bird Registration ends January 2, 2019

MAKE CHECKS PAYABLE TO: CASA GRANDE COMMUNITY HOSPITAL FOUNDATION  
MAIL CHECKS TO: STARTLINE RACING, 13160 N. 76TH ST., SCOTTSDALE, AZ 85260  
SPECIAL RACE ACCOMMODATIONS MUST BE MADE AT LEAST 5 DAYS PRIOR TO RACE DAY.