

MIRACLE RUN 2019

PRESENTED BY
Logan-Rogersville
Fire Protection District



**SIGN
UP!**

**10.12.19
7AM**

LOCATION: GLENDALE CHRISTIAN CHURCH

2110 S Blackman Rd, Springfield, MO 65809

Proceeds benefit:
Children's Miracle Network Hospitals



Please submit one form for each participant or register online
at coxhealthcmn.com.

Name: _____ Male Female

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Birthdate: _____

Entry Fee: \$35

- Make checks payable to: **Children's Miracle Network Hospitals**

For questions, please contact cdishman@lrfire.org or call (417) 459-5088

Waiver and Release of Liability

I understand that my, or my minor child, or the minor child in my legal custody's (collectively "my") participation in the Miracle Mile and 5K Run/Walk ("Event") is at my own risk. I understand there are risks associated with physical activity involved in the event, including, but not limited to, possible falls, contact with other participants, effects of weather, traffic and road conditions. I agree to indemnify, defend and hold Glendale Christian Church, Logan Rogersville Fire District, CMN Hospitals at CoxHealth and all Miracle Run Sponsors harmless from and against any and all claims, liability, judgments, fines and expenses, including all attorney's fees and amounts paid in settlement actually and reasonably incurred in connection with any proceeding, to which CMN Hospitals, CoxHealth, Sponsors, and/or the City is, or at any time becomes a party to or is threatened to be made a party due to my participation in the event.

I hereby grant CMN Hospitals, with respect to photographs, motion pictures, video recordings or any other record of the event, in which I may be included, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name and any statement made by me in connection therewith, if CoxHealth so chooses.

**Fee includes:
T-shirt & bag**



Signature

Date

Parent signature for participants under 18

Date