

SAT, SEPTEMBER 21, 2024

BECKMAN SPORT COMPLEX

901 E. Acers Street, Manchester
7AM Registration & Check-in

Kiddie-K Fun Run: 7:30 AM

FREE entry
.2 mile run for our littles! (typically up to age 7)
Ribbons for participants. Medals for top 3 male & female runners.

5K: 8 AM (walk or run - join us!)

Register by September 1st and save \$5!
Prize awarded to Overall Top Male & Female.
Medals for the top Male & Female in each age division:
11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

10K: 8 AM

Register by September 1st and save \$5!
Prize awarded to Overall Top Male & Female.
Medals for the top Male & Female in each age division:
11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+



REGISTER ONLINE
regmedctr.org/movingforlife

All proceeds help improve services for YOU!

Join us and walk or run for a good cause!



RMC Moving for Life Registration Form First & Last Name (please print) <input type="text"/> Mailing Address (include apt.#) <input type="text"/> City _____ State _____ Zip Code _____ Email <input type="text"/> Phone (include area code) _____ Age on Race Day _____ Male _____ Female _____		Fun Run <input type="checkbox"/> 5K <input type="checkbox"/> 10K <input type="checkbox"/> Today's Date: _____ Kiddie-K Fun Run Entry Fee: FREE 5K/10K & T-SHIRT <input type="checkbox"/> Until 09/01 Entry Fee: 5K-\$25 / 10K-\$30 <input type="checkbox"/> After 09/01 Entry Fee: 5K-\$30 / 10K-\$35 <small>Entries received after 09/01 are not guaranteed a shirt. Circle one. Adult Unisex Sizing.</small> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL 5K/10K ONLY (NO SHIRT) <input type="checkbox"/> Until 09/01 Entry Fee: 5K-\$20 / 10K-\$25 <input type="checkbox"/> After 09/01 Entry Fee: 5K-\$25 / 10K-\$30
RETURN FORM & ENTRY FEE: Regional Medical Center, Attn: Valerie Lindsay, PO Box 359, Manchester, IA 52057		<input type="checkbox"/> Donate my entry fee to RMC <input type="checkbox"/> Refund my entry fee

I recognize the risks involved in any athletic event and hereby waive, release and hold harmless all sponsors, contributors, supporters, volunteers and officials associated with the race and event, from any and all liability, claims and rights for damages from injuries growing out of, related to, or arising from participating in the RMC Moving for Life Event. I further certify that I have full knowledge of the risks involved in this event and that I am physically fit to participate. If, however, I do require medical attention as a result of my participation in the above mentioned activities, I authorize the medical personnel associated with said events to provide medical care as is deemed appropriate by such.

Participant Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

Questions? Contact
Valerie Lindsay, Marketing & Fund Development Manager
donations@regmedctr.org or 563-927-7534

Regional Medical Center
Excellence in healthcare, close to home