

CHILDREN'S CLASSIC RUN

The Children's Classic Run is an annual one mile fun run that raises funds for Union Hospital's Pediatric Therapy Department. The 2010 run will be partnered with the festivities of the Terre Haute Street Fair as well as the Grand Opening of the new Terre Haute Children's Museum.

Date: Saturday, September 25, 2010

Entry Fee: \$10.00 (Make checks payable to Union Hospital Foundation)

Pre-Registration: This form and the \$10 registration fee should be received no later than September 17, 2010 in order to guarantee your shirt size. **Shirt sizes are only guaranteed to pre-registered runners.**

Entertainment: 8:30 a.m.

Start Time: Approximately 9 a.m.

Course: 1-mile (See map below)

Eligibility: Children in kindergarten through eighth grade

Prizes: Prizes are awarded based on school participation and divided into two divisions: Schools with 450+ students and schools with less than 450 students.
1st Place - \$300, 2nd Place - \$200,
3rd Place - \$100 for each division.

Online Registration: Online registration is available at www.myunionhospital.org

Run Materials: T-Shirts may be picked up at registration on the day of the event. If the Children's Classic Run must be cancelled, t-shirts will be made available to paid registrants.

Volunteers: If you are interested in volunteering for this wonderful event please contact the Volunteer Services Office at (812) 238-7674.



UNION
HOSPITAL

Event Partners

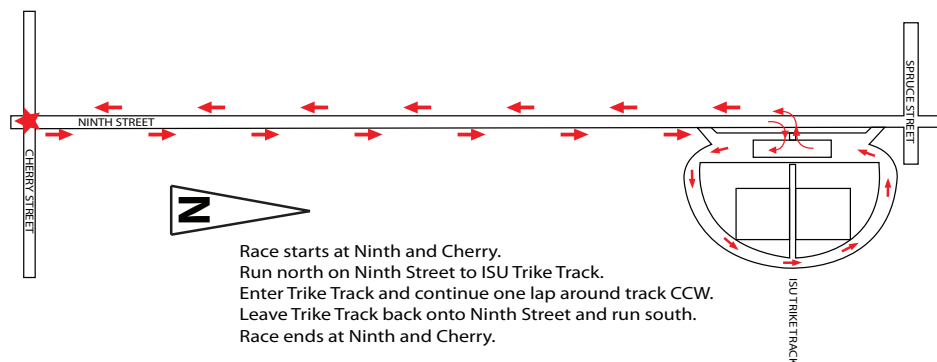


Title Sponsor



Seneca Medical

COURSE MAP



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CHILDREN'S REGISTRATION FORM



Complete the entire form and return it with your registration fee.
Please print. Form may be duplicated.
(Two children may be registered per form)

All participants MUST have a parent or guardian sign the waiver below!
**Due to insurance policies, entrants must be enrolled in a Kindergarten class.
Pre-K and Preschool age children are not eligible to participate.**

First name _____ Last name _____
Address _____ City _____
State _____ Zip _____ Phone _____
School _____ Grade _____ Male Female

* T-shirt size: Children 10-12 Children 14-16 Adult Small Adult Medium
Adult Large Adult X-Large Adult XX-Large

**Please order the proper size. No T-shirt exchanges.*

First name _____ Last name _____
Address _____ City _____
State _____ Zip _____ Phone _____
School _____ Grade _____ Male Female

* T-shirt size: Children 10-12 Children 14-16 Adult Small Adult Medium
Adult Large Adult X-Large Adult XX-Large

**Please order the proper size. No T-shirt exchanges.*

Adult Runners Information

Adults running/walking with their child will be required to pay an additional \$10.00 registration fee. T-shirts will be picked up the day of the event. Be sure to mark your shirt size.

Name _____
Address _____

Telephone _____

Adult Runner T-shirt Size

M L XL XXL

Mail to:

Union Hospital Volunteer Services
1606 North Seventh Street
Terre Haute, IN 47804
or
Bring to the Volunteer Services Office
Lower Level, Union East

Please enclose your non-refundable entry fee:

- \$10 X number of Children registrations \$_____
- \$10 X number of Adult registrations \$_____
- I am unable to pay the registration fee, but wish to run.
- I'd like to make an extra donation of \$_____
- I am interested in volunteering, please contact me at _____ (phone #).

Waiver of Liability

(Please read and sign below. A parent or guardian must sign.) I understand that running or walking a road race is a potentially hazardous activity. I understand that I should not enter unless I am medically able and properly trained. I agree to abide by the decision of an event official regarding my ability to safely complete the run or walk. I assume all risks associated with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, traffic, road conditions and the effects of weather. In consideration of acceptance of my entry, I do hereby for myself, my heirs, executors, administrators or anyone else who might make a claim on my behalf, WAIVE, RELEASE AND DISCHARGE Union Hospital, Inc., Union Hospital Pediatric Therapy, and all Children's Classic Run sponsors, race officials, workers, volunteers and their representatives, successors or assigns from any and all claims of liability arising out of my participation in this event. I further grant full permission to the parties named herein and/or agents authorized by them to use any photographs, videotapes, recordings or other record of this event for publicity, advertising, education or any other reasonable purpose.

Signature of parent or guardian _____

Date _____