SummerFest Color Run Kids 1 Mile Fun Run/Walk

FRIDAY, JULY 12, 2024 REGISTRATION 10:30 AM = RACE START 11:00 AM East Millinocket Park (Katahdin Christian Academy)

KIDS OF ALL AGES ARE WELCOME ENTRY FEE: \$15 PER CHILD | \$25 FAMILY RATE PUBLIC SAFETY ESCORT WITH EMPD = FUN PRIZES FOR TOP FUNDRAISERS + PARTICIPANTS





Millinocket Regional Hospital and Legacy Medical Foundation are thrilled to host the 1st Annual SummerFest Color Run! This 1-mile race is a chance for kids to get active, learn the importance of giving back to their community, and, of course, have fun!

Here's what you need to know:

- **Open to all kids!** Participation is open to children of all ages as well as their parents. Strollers are welcome for pushing littles, but bicycles are not allowed.
- **Raise money (optional):** Collect sponsors in-person using this pledge form or online at mrhme.org/giving. (Be sure your sponsor puts your name in the comment section so we can track of each runner's sponsorships!) Money raised will go to the Legacy Medical Foundation to support patient care at Millinocket Regional Hospital.
- Safety first! The color powder is FDA approved and non-toxic but it is recommended that precautions are taken (sunglasses, face coverings) to avoid ingesting the powder through the eyes, nose or mouth. We will take precautions as well, including aiming for the shoulders down and using water (so you will get WET!) to help powder stick to their skin and clothes, to keep dust to a minimum.
- Colorful clothes: The color powder washes out of most fabrics but we cannot guarantee it will wash out of all fabrics. Wear clothes and shoes you don't mind getting colorful. Be sure to bring a towel to dry off with and a change of clothes so you don't colorize the car on the way home.

The entry fee helps cover the cost of the event but is not intended to be a barrier for kids and/or families who want to participate. Please contact us at (207) 723-7273 if the fee is a hardship, and we will work with you to ensure no kid is left out.

Please tear here

PARTICIPANT/PARENT WAIVER:

I, the undersigned, am the parent or legal guardian of the minor whose name appears on this form. In consideration of my child participating in the SummerFest Color Run, I understand and agree to the following: Running is a potentially hazardous activity and this fun run involves inherent risks, including but not limited to: falls, contact with other participants, colored powder inhalation or irritation, stained clothing and/or skin, effects of weather including high heat and/or humidity, traffic, conditions of the road, and uneven terrain. My child's safety is my top priority, so I acknowledge they should be in good health and physically capable of participating. I will abide by any decision of the event director regarding my child's ability to safely participate in the run. By signing below, I assume full responsibility for any injuries my child sustains during the event. Having read this waiver and knowing these facts, on my behalf and my child's behalf, I waive and release Legacy Medical Foundation, Millinocket Regional Hospital, volunteers, sponsors, and their successors from any and all claims or liabilities arising out of my child's participation, even if caused by negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the event staff to consent to and authorize any medical treatment for my child that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I understand and agree to be responsible for any associated costs. Finally, I grant permission for the organizers to use photographs, videos, or recordings of my child taken during the event for any legitimate purpose.

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PLEDGE/DONATION FORM

*This fundraiser is based on donations only. <u>No donation is too small</u>! Checks should be made payable to: Legacy Medical Foundation

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Please bring your pledge form, waiver and donations with you for the run. We will collect them during registration.

Sponsorships can be made via cash, check, Venmo or online at <u>mrhme.org/giving</u> (Be sure to include the participant's name in the comments so we can track their sponsorships!)

Money raised will go to the Legacy Medical Foundation to support patient care at Millinocket Regional Hospital.

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| Minors Name: | Date: | |
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| Parent's or Guardian's Name: | Parent's or Guardian's Signature: | |
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| Parent's or Guardian's contact number | | |