

2019 Community Health & Wellness Festival

Coffee Regional Medical Center



Proceeds to Benefit:
Beta Sigma Phi Passionately Pink



Hippie Walk & Peace Pedal

Saturday, October 5, 2019 - 9:30am

Advanced Registration deadline Thursday, October 3rd 7:30pm

Early Packet Pickup on Friday, October 4th at Pink House between 11am and 2pm!

- Event includes a 2 mile fun walk & bike ride together. *Starts at Coffee Regional!*
- Walk or bring your decorated bike, scooter or wagon.
- Free T-shirt! Awards given to best decorated bike, Hippie Costume, and largest team!
- Pink Hippie gear available at the **Pink House** located at 811 Columbia Ave, Douglas
- Tag us on social media [#pinklovecure4coffee](#)
- Drop off your application at the CRMC Wellness Center or at the Pink House

The Pink House

311 Columbia Ave, Douglas
(912)-384-PINK or 381-2225
or 501-9697

Beginning Sept 23: Mon -Thur. 11:00-1:30, & 4:00-6:00 & Friday's 11:00-2:00

Team Name: _____ Walking in Honor or Memory of: _____

First Name: _____ Last Name: _____

DOB: ____ / ____ / ____ AGE: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Shirt Size: Yth _____ A _____

Cell: _____

Make Checks Payable to: Beta Sigma Phi

Mail to: CRMC Wellness Center, 200 Doctors Drive, Suite 222, Douglas, GA 31533.

In consideration of the acceptance of this event entry, I, on behalf of myself (or if event participant is a minor under eighteen (18) years of age, in my capacity as parent or legal guardian of event participant), and on behalf of my and/or my minor child's/ward's heirs, executors, administrators, assigns, personal representatives, and next of kin, do hereby forever release, hold harmless, and discharge Coffee Regional Medical Center, Inc., including its directors, officers, employees, affiliates, and successors, as well as all event sponsors and volunteers, vendors, and the City of Douglas (collectively the "Releases") from any and all liability for injuries and/or damages that I and/or my minor child/ward might sustain in connection with participating in this event. Should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, I will indemnify, hold harmless and defend the Releases from any and all costs, expenses, or liability including, but not limited to, the cost of any settlement or judgment made or rendered against the Releases, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand, or lawsuit, including attorney's fees. I understand that participating in this event is a potentially hazardous activity, which may cause serious injury and/or death. I agree to abide by any decision of an event official relative to my ability and/or the ability of my minor child/ward to participate in the event. I am assuming, on behalf of myself and/or my minor child/ward, all risks associated with participating in this event, including, but not limited to, falls, contact with other participants, the effects of weather (including extreme temperatures), traffic, and the conditions of the road/running surface and equipment (including the equipment used in the obstacle course), all such risks being known and appreciated by me. Furthermore, I hereby grant full permission to Coffee Regional Medical Center, Inc. and/or event sponsors to use my name and likeness (and/or that of my minor child/ward), as well as any associated photographs and/or video/audio recordings, as they relate to participation in this event, for any legitimate purpose, including marketing and promotional materials.

Registration

- _____ 2 Mile Walk **\$15.00 or**
 - _____ 2 Mile Kids Bike Ride **\$15.00**
 - _____ 2 XL Shirt add **\$2.00**
 - _____ 3 XL shirt add **\$3.00**
 - _____ **\$ Donation**
- (Late Registration & Day of Event will be an additional \$3.00)**

Participant Signature or Legal guardian of Youth under age of 18

Date

