

Registration

Name: _____

DOB: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Good Health Matters Fun Run/Walk Registration Fee

Adults: \$35 (early registration)

Youth: \$20 (Age 20 and below)

Day of Fun Run/Walk: \$40

Check, Money Order, or Cash

All proceeds will be earmarked for North Central Family Medical Center's Offsite Patient Referral Fund

Information about our
program can be found
within this pamphlet

Please make any checks or
money orders payable to
Community Medicine Foundation.
(Also include Offsite Patient
Fund in memo.)

**You may send your registration,
sponsorship, and/or payment to
PO Box 28, Rock Hill, SC 29731
Attention: Gary Barber
and Ernest Brown**

Good Health Matters Fun Run/Walk Oct. 5th



Registration: 7:30 AM

Marathon: 9:00 AM

Location: Manchester

Meadows Park

337 E. Mt Gallant Rd.

Rock Hill, SC 29730

**Register early
and save!**

PROGRAM INFO

SPONSORSHIP

WAIVER

- The Off-Site Patient Referral Fund is a program designed to assist our patients who need treatment from a medical specialist, but they are not financially able to afford the treatment because they fall below the federal poverty level.
- The program is funded solely by donations or contributions from the individuals, businesses, churches, and other organizations in the Tri-county area (York, Chester, and Lancaster, SC).
- Once North Central doctors make a referral the staff will make the appointment. Prior to the specialist visit, North Central will pay for the initial payment from the Off-Site Patient Referral Fund.
- The Off-Site Patient Referral Fund helps North Central maintain quality care for our patients, because **Good Health Matters!**
- 100% of the contributions received will go directly into the Off-Site Patient Referral Fund.

Bronze Package ----- \$100
Receive event T-shirt
and certificate

Silver Package ----- \$200
Receive event T-shirt
and silver plaque

Gold Package ----- \$500
Receive event T-shirt
and gold plaque

Platinum Package ----- \$1000
Receive event T-shirt,
gold plaque, and gift bag

Name: _____

Company: _____

Phone: _____

Email: _____

Check, Money Order, or Cash

**All donations are tax exempt.
Sponsors will be given a receipt
for tax purposes.**

Please accept my entry to the 2019 Good Health Matters Fun Run/Walk. I hereby state that I have conditioned myself to participate in this event. I, for myself and executors, hereby release and discharge North Central Family Medical Center, their sponsors and volunteers from damages, injuries or expenses associated with my participation in the Fun Run/Walk. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publication, or any other print, video graphic or electronic recording of this event for legitimate purposes.

By signing my name below, I hereby certify that I have read and accept all the terms and conditions of this release.

Name: _____

Signature: _____

Date: _____