



# Harrison Street

RIDE  FOR DIABETES RESEARCH



WALK TO CURE DIABETES



*dedicated to finding a cure*

**SATURDAY, MAY 3<sup>rd</sup>, 2008**  
**2:00 PM – Harrison Hy-Vee Parking Lot**

**Join us for a great cause and  
a healthy activity:**

5/10 mile bike ride includes historic downtown  
**OR**  
 1 hour walk/run through South Park

Hy-Vee will be grilling out food for all participants!

**All proceeds donated to:**  
*Juvenile Diabetes Research Foundation (No.295716)*

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**Mail Entries to Hy-Vee Foods, Inc. 1400 Harrison St. Quincy, IL 62301 Attn: JDRF**  
**Make checks payable to : JDRF**

**Events:**

- 5/10 mile bike Individual (**helmet required**)
- 5/10 mile bike Family (**helmets required**)
- 1 hour walk Individual
- 1hour walk/run Family  
 # family members participating \_\_\_\_\_

**Fees:**

Entries **Postmarked by** April 26<sup>th</sup>  
 Individual = \$12  
 Family = \$30 (3 or more family members)

Entries **Postmarked after** April 26<sup>th</sup>  
 Individual = \$15  
 Family = \$35 (3 or more family members)

**\*Additional donations will be accepted !**

Participants will receive a Hy-Vee goodie bag and door prizes will be awarded!!  
 \*\*We need a name and signature for each participant, for liability waiver purposes.  
 (may use the back of form if needed)

Last \_\_\_\_\_ First \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Release and waiver of liability: I, undersigned in consideration for the opportunity to participate in and the acceptance of my entry in this event, intending to be legally bound, I do hereby, on behalf of myself, my heirs, and legal and other personal representatives, release, waive, and forever discharge any and all claims for injuries and damages to my person or property, including any and all claims for such injuries and damages resulting from the negligent acts or conduct, and including any and all causes of action relating thereto, which I might have or shall ever have against Hy-Vee Foods Inc., JDRF, and the affiliates, offices, employees, representatives and successors of the JDRF Research Foundation. I further state that I have sufficiently trained for and that I am in proper physical condition to participate in this event. I further acknowledge that I am aware of and voluntarily assume the risks inherent in participating in this event. I further grant authorization for the free use of my name and/or photographs, videotapes, motion pictures, recordings, or any other record or transcription of my participation in this event, including, but not limited to advertisements, for publicity, or other media accounts pertaining to this event.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*If under 18 years of age, signature of participant's parent or guardian required*

**Hy-Vee Foods Inc.**

**1400 Harrison Street**

**Quincy, IL 62301**