2009 SEPTEMBER 19th. SAME DAY REGISTRATION

One participant per registration sheet.

Select a category (check one): ☐ 5K = $35/person ☐ 1 Mile = $15/person

PLEASE PRINT:

First Name: _____ Last Name: _____

AGE: _____ Gender (check one): Male ☐ Female ☐

Email address: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Emergency: Contact: _____ Phone: _____

What school would you like to award your participation to? _____

The school with the highest percentage of registered participants will receive a $1,000 grant from the N.E.W. 200 Foundation

I would like to also donate additional monies to benefit District 200 schools. $_____ ☐ Initial

Raffle Tickets: ☐ 1 for $3 ☐ 4 for $10 Total Cost = $_____

Waiver and Release

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against The Event, its Primary Sponsor and its affiliates, their agents, employees, officers, directors, successors and assigns, the Event Management Company, Inc., the City, the Park District, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in The Event and any pre- and post- event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Credit Card Info or Check # (Check One): ☐ Visa ☐ MC ☐ Discover ☐ Check

Card Number or Check Number

Expiration

Security Code

CREDIT CARD IMPRESSION

Signature: _____

FOR RACE OFFICIAL USE ONLY

***BIB NUMBER**

* RACE IS LIMITED TO 1000 BIBS