

# Paws for Life 5K | Charlene's Run

June 18, 2011

www.pawsforlife5k.com | pawsforlife5k@gmail.com

## PAWS FOR LIFE 5K: CHARLENE'S RUN

Second Annual Charity Race | Saturday June 18, 2011

Last Name:	First Name:	M.I.
Street Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	
Gender:	Date of Birth:	Age:
Emergency Contact:	Phone Number:	

Which race will you be participating in?

- Competitive 5K Men's/Women's Race; Ages 14+ \$25 on or before June 11 / \$30 after
- Fun Run/Walk 5K; All Ages; With Dog \$15 on or before June 11 / \$20 after
- Fun Run/Walk 5K, All Ages; Without Dog \$15 on or before June 11 / \$20 after

If you are collecting additional donations:

- My donations are included with a pledge sheet in this mailing
- I will bring donations and pledge sheet to race
- I will collect my donations on-line

**Please make checks payable to:** Paws For Life 5K

**Mail registration form to:** Paws For Life 5K c/o Sondra Clarkson, 1003 Waters Edge Rd., Champaign, IL 61822

Mail registration must be post-marked by June 11, 2011

*Please note that you will **not** be mailed a confirmation packet and that credit cards can not be processed at the race site.*

### **THIS IS AN IMPORTANT WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING.**

In consideration of your accepting this entry and other good and valuable consideration the receipt and adequacy of which I hereby acknowledge, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Paws For Life 5K: Charlene's Run Memorial Race (the "Event"), Lisle Park District, the Village of Lisle, the State of Illinois, the Lisle Senior High School, or Race Time, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representative successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. No refunds if Event cannot be staged because of act of God or is not staged or cancelled for any reason. The Paws For Life 5K: Charlene's Run organizers reserve the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I will abide by the decision of any race official and the rules of the Event. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I am over 18 years old or if I am under 18 years old, I have my parent/legal guardian's permission to participate in the event as evidenced by their signature below. I hereby grant permission to ChicagoUltra.Org to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising. I have read this waiver carefully and understand it.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

