

October 1, 2017

8:00 AM



**Please PRINT**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_\_\_ Age on Race Day \_\_\_\_\_ Gender: M F

Email: \_\_\_\_\_

Address \_\_\_\_\_

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

Shirt Size: Mens: S M L XL XXL Womens: XS S M L XL

D211 School Affiliation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Mail (must be postmarked before September 22, 2017):**

District 211 Foundation  
Attn: Dr. Michael Osten  
1750 South Roselle Rd  
Palatine, IL 60067

**Mail-in Race Fee: Adults: \$35 18 & under: \$20**

**Please make checks payable to District 211 Foundation**

**Waiver and Release**

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that I and/or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims I and/or my minor child/ward may have as a result of participating in this activity against the race organization, the village in which it is held, respective officials, agents, volunteers and employees (hereinafter collectively referred to as "Parties"). By participating in this event, race organization has the right to reproduce/use photos taken of the event and participants on race day.

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss and I and/or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this event. I further agree that this agreement shall be governed by the State of Illinois.

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

(18 years or older or Parent/Guardian)