

# HOT ROD HUSTLE 5K RUN/WALK – PAPER REGISTRATION FORM

Hosted by We Are Oglesby, NFP

Saturday, September 13, 2025

Start and finish: Archway Tap, 730 N. Columbia Ave, Oglesby, IL 61348

Check-In: 8:00 AM | Race Start: 9:00 AM

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## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on Race Day: \_\_\_\_

T-Shirt Size (Circle One):

YS – YM – YL – S – M – L – XL – 2X – 3X – 4X

## ENTRY FEE

☐ \$30 – Includes race entry, t-shirt, drink token at Archway Tap

(Payable by cash or check to *We Are Oglesby, NFP*)

*Please return completed form and payment to: PO Box 102, Oglesby, IL 61348*

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## WAIVER & RELEASE OF LIABILITY

By signing below, I understand that participation in this event involves physical activity and assume all risks associated with running/walking in this event. I waive all claims against event organizers, sponsors, volunteers, and the City of Oglesby for any injury or loss incurred.

In consideration of you accepting this entry, I \_\_\_\_\_, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, City of Oglesby, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature if under 18)

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_