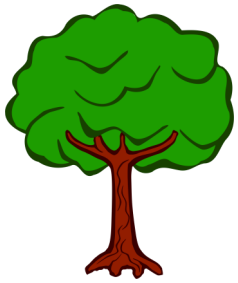
arbor dash 5K at klehm arboretum



april 29 6:30PM

Participant Information (one form per participant):

_____ _____ _____
Name Gender Date of Birth

_____ _____ _____ _____
Address City State Zip

_____ _____
Phone Email

Race Selection:
*Entries must be postmarked by **April 25**. Any entries received after April 25th or on race day are $25.*

____ Klehm Member ($15) ____ Non-Member ($20) ____ After April 17 ($25)

Method of payment:

_____ Credit MC Visa Disc _____ Cash ____ Check

Name on card _____

Make payable to:
Klehm Arboretum & Botanic Garden

#_____ Exp _____ CVC _____

Mail to: Klehm Arboretum | 2715 S. Main St. | Rockford, IL 61102
Fax to: 815.965.5914 *(credit only)*

Waiver and Release
By registering for this race I am aware that participating in a running event is a potentially hazardous activity and that I and/or my child should not enter and run unless I and/or my child are physically able. I agree to abide by the rules and the decision of any event official relative to my and/or my child's ability to safely compete in the event. I will provide adult supervision for my child to and from the event. I assume all risks associated with my and/or my child's participation in the 2016 Arbor Dash, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and trail conditions, all such risks to myself and/or child being known and appreciated by me. Having read this waiver and release from liability form, and knowing these facts, and in consideration of your accepting my entry or my child's entry, I for myself and/or my child and anyone entitled to act on our behalf, waive and release Klehm Arboretum & Botanic Garden, race day volunteers, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising from my participation and/or my child's participation in this event. I hereby grant permission to Klehm Arboretum & Botanic Garden and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any purpose.

_____ _____
Participant's Signature Date If under 18 years old, Parent/Guardian's Signature Date

For more information, please visit www.klehm.org/arbor5K
Klehm Arboretum & Botanic Garden | 2715 S. Main St. | Rockford, IL 61102 | 815.965.8146
Partner with the Forest Preserves of Winnebago County