

COMPASSION 5K RUN/WALK REGISTRATION FORM

Date: Thursday, July 4th 2013

Start Time: 7 a.m.

Name: _____
(first) (last)

Address: _____
(street) (city)

(zip code) (state)

Age (on race day): _____ **DOB:** _____ **Gender:** _____

Shirt size: YS ____ YM ____ YL ____ AS ____ AM ____ AL ____
AXL ____ AXXL ____ AXXXL ____

**This form must be returned to Cottage Grove Christian Reformed Church (16556 Cottage Grove Ave, South Holland, IL 60473) by June 20th to guarantee a shirt on race day.*

Event (please check one): 5K Run (\$19.52) ____

5K Walk (\$19.52) ____

Youth Dash [up to 10 years old]- (\$10) ____

*Group Rate: four 5K entries: \$70 ____

*Youth Group Rate: four Dash Entries: \$30 ____

**Group rates can be combined among non-relatives, but all registration forms and payment must be completed and turned in together.*

EMERGENCY CONTACT

Name: _____

Phone Number (s): _____

Relationship: _____

Waiver:

By registering for this event, 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 and loss, regardless of the 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 (hereafter referred to as "Parties").

By participating in this event, I allow the race or organization the right to reproduce/use photos taken of the event and participants for advertising purposes.

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that 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. I have read and fully understand the above assumption of risk and waiver and release of all claims.

PARTICIPANT'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(if participant is under 18)