

Believe Memorial **5K Run/Walk**

Where: Scheve Park - Mascoutah, IL

When: Saturday 6/1/2019 8:00 AM

Registration

Register online at ***BelieveMemorialFoundation.org***

Mail in registration postmarked by **May 20th** to:

Believe Memorial Run - ATTN: Sandie Rust

101 N. Lawn Ave. O'Fallon, IL 62269

****Make checks payable to Believe Memorial Foundation****

Packet Pick-Up and Late Registration

Friday May 31st from 6:00pm - 8:00pm

Blessed Savior

1205 N Lincoln, O'Fallon, IL 62269

Saturday June 1st from 7:30am - 8:00am

Scheve Park - Event Headquarters

Awards: Top male/female in each age group

14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

Join us after the race for snacks/games and an awards ceremony starting at 9:15

**** Don't want to run? You can still show your support and join us with a small donation ****

All participants will receive a yearly participation pin and T-shirt

(t-shirt not guaranteed after May 20th)

Don't forget to order your participation medal for your yearly pin

Net proceeds will benefit education and cancer research through the Believe Memorial Foundation

~~ BelieveMemorialFoundation.org ~~

Adult \$30

Youth \$20 (14 & under)

Group (5+) 10% discount

Family (4+) \$50 (add \$10 /participant)

Name: _____ male / female Age: _____ Birthday: _____
(day of event)

Address: _____

Email: _____ Phone: _____

Shirt Size: **Adult** S / M / L / XL / _____ **Youth** S / M / L (not guaranteed after 5/20)
(other)

Group/Family Name: _____
(List names on back. Family: 2 adults max)

Shirt Sizes: **Adult** S _____ / M _____ / L _____ / XL _____ / XXL _____ / _____ **Youth** S _____ / M _____ / L _____
(other)

Believe Memorial 5K race waiver of liability. You must read and agree to the following waiver in order to participate in this event.

I know and understand that running in a road/trail race is a potentially hazardous activity. I attest that I am medically able and properly trained for the event, and agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, effects of weather, traffic, the condition of the road/trail, and gastrointestinal discomfort. All such and related risks being known by me.

Having read and understood this waiver, I for myself and anyone entitled to act on my behalf, waive and release the Believe Memorial Foundation, race organizers, volunteers, and all sponsors, their officers, employees, agents, representatives and successors from all claims or liabilities of any kind resulting from my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future.

I will abide by these guidelines.

Signature: _____
(parent/guardian must sign for participants under 18)

Date: _____