

# Cache River Days 5K RUN/Walk

Saturday September 7<sup>th</sup>, 2019 at 8:00 a.m.



## 5K Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name & Number:

Event: 5K Run ☐ 5K Walk ☐

Gender: Female ☐ Male ☐

Age Division: 15 & Under ☐ 16-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 & Up ☐

Registration Cost \$20.00 Paid ☐

YOUTH			ADULT					
S 6/8	M 10/12	L 14/16	S	M	L	XL	2XL	3XL
Registration deadline to receive a free t-shirt is August 20 <sup>th</sup> , 2019								

**Release of Liability:** In consideration of the acceptance of this registration form to participate in the Cache River Days (CRD) 5K Run/Walk and realizing the risk involved with the sport, I hereby waive, release and discharge any and all claims of damage or death, personal injury, misadventure, and/or property damage which may happen during the event. I hereby release and hold harmless Cache River Days Committee and the Village of Ullin, their officers, directors, employees, representatives, agents, and successors, and/or other persons or entities associated with this event and against any and all liabilities arising from or connects with my participation in this event.

I understand and agree that a situation may arise during the CRD 5K Run/Walk which may be beyond the control of the sponsors, promoters or organizers and agree to run/walk so as not to endanger myself or others.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please Return Registration to:**

**Village of Ullin**

**PO Box 7**

**Ullin, IL 62992**

**Or drop off at Ullin City Hall**

**Make Checks Payable to: Cache River Days 5K**

# 5K Run/Walk Waiver

Participant Waiver

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

This release and waiver is executed on September 7<sup>th</sup>, 2019. Knowingly and at my own risk, I am participating in the 6<sup>th</sup> Annual 5K Run/Walk, Cache River Days, 2019. I do hereby waive release any and all claims against the the Village of Ullin, Cache River Days, all event sponsors, any employees, volunteers, represenatives, agents, and successors, and/or other persons or entities associated with this event or officials of this organization from any claim of injury (including death) that may incur as a result of my participation in this event.

I further hereby certifiy that I have full knowledge of the risk involved in this event and I am physically fit and sufficeintly trained to participate. If, however, as a result of my participation in the Cache River Days 2019 5K Run/Walk, I require medical attention, I hereby give consent to authorized medical personnel to provide such medical care as deemed necessary.

Printed Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

## All proceeds benefiting:

Area Veteran's Ritual Team

American Legion Post 178

VFW Post 8891

Carroll P Foster VFW 3455