



**25th Annual Hillsboro Chamber of Commerce  
4th of July Biathlon**  
July 4, 2014 // 8:00 am  
Montgomery County Courthouse // 120 N. Main St.  
Hillsboro, IL 62049

Online registration is also available by visiting  
[www.hillsborochamber.net](http://www.hillsborochamber.net)

Entry Fees	Rec'd by June 18, 2014	Rec'd after June 18 / Race Day <i>*Registrants after this date are not guaranteed a t-shirt</i>
Individual Biathlon	\$35.00	\$45.00
2-Person Team Biathlon	\$55.00	\$65.00
5 mile Chamber Run	\$25.00	\$30.00

**Circle Event:** Individual Biathlon      Team Biathlon      5-Mile Run

**Team Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **T-shirt Size:** S   M   L   XL  
(Circle one)

**Birth date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ ☐ Male ☐ Female

**Address:** \_\_\_\_\_ **Age Race Day:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Team Member Name:** \_\_\_\_\_ **T-shirt Size:** S   M   L   XL  
(Circle one)

**Birth date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ ☐ Male ☐ Female

**Address:** \_\_\_\_\_ **Age Race Day:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Waiver:** In consideration of the acceptance of my application for entry in the above event, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I may have or which hereafter may accrue to me as a result of my participation in said event. This release is intended to discharge in advance the Hillsboro Chamber of Commerce, the town of Hillsboro, Final Lap Race Management, Montgomery County, the promoters, the sponsors, the promoting clubs, the officials, the owners and lessees of lands used for the start or finish of events and any involved municipalities or other public entities, their respective agents and employees from and against any and all liability arising out of or connected in any way with my participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I understand that if I fail to participate for any reason, or, in the event the 4<sup>th</sup> of July Biathlon is cancelled my registration fee will NOT BE REFUNDED. **Helmets are required for bikers.**

**Insurance:** I currently have, and agree to maintain throughout the time I participate, sufficient medical and accidental insurance. I understand that it is my responsibility and release anyone else from providing it for me.

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

**Team Member Signature:** \_\_\_\_\_

If entrant is under 18, parent/guardian name signature: \_\_\_\_\_

Please fill out the above information with your payment made payable to:  
**Hillsboro Chamber of Commerce // 447 S. Main St. // Hillsboro, IL 62049**