



RACE DAY 9.9.17

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____

GENDER _____ MALE _____ FEMALE

AGE ON RACE DAY _____ BIRTHDATE _____

COST: AGE 13 & UNDER \$15 (AFTER 6/1 \$20- ON RACE DAY \$20) _____

AGE 14 & UP \$35(AFTER 6/1 \$40- ON RACE DAY \$45) _____

T-SHIRT SIZE ADULT S M L XL

T-SHIRT SIZE YOUTH XS S M L XL

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

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 or loss, regardless of 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 (hereinafter collectively referred to as "Parties").

By participating in this event, race organization has the right to reproduce/use photos taken of the event and participants on race day.

I do hereby fully release and forever discharge the Parties from and all claims for injuries, damages or loss and 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.

PARTICIPANTS'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

(IF PARTICIPANT IS UNDER 18)

MAKE CHECKS PAYABLE TO ST. PAUL THE APOSTLE CATHOLIC SCHOOL