Illinois Runs Training Program Registration

Universal Sole Lakefront 10 Miler

First Name

Last Name

Street Address / Apartment Number

City

State

Zip / Postal Code

Country (if not USA)

Telephone Number - -

Date of Birth / /

Long Sleeved Shirt Size: S M L XL XXL

Gender: M F

Select your payment method:

Sorry, cash, check or money order only

Cash ☐

Check ☐

Money Order ☐

Please Select Your Training Pace Per Mile

8:00 9:00 10:00 11:00 12:00 ☐

Please check you most resent running experience in the last 12 months

None: 5K: 10K: 10-Miler: Half Marathons: Marathons:

Enter your email address (Please print clearly)

THIS IS AN IMPORTANT WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. In consideration of your accepting this entry and other good and valuable consideration the receipt and adequacy of which I hereby acknowledge, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Illinois Runs Training Programs – (the "Event"), the Chicago Park District, the City of Chicago, the State of Illinois, and all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. No refunds if Event cannot be staged because of act of God or is not staged or cancelled for any reason. Illinois Runs Training Programs shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I am over 17 years old. I hereby grant permission to Illinois Runs Training Programs to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising. There will be no reimbursement for any reason even in the case of injury after the training program has begun. I have read this waiver carefully and understand it.

Signature _____ Date _____

Mail completed form and payment to Illinois Runs, 20 Jonathan Rd, Lake Zurich IL 60047