

Hug an Athlete 5K - February 28, 2016 - Registration Form

Sign me up!

Yes, I would like to register for the Hug an Athlete 5K run/walk.roll:

- ☐ Early Bird \$20.00 register by 11/26/15*
- ☐ Regular \$25.00 register between 11/27/15-2/1/16
- ☐ Late \$30.00 register between 2/2/16-2/25/16
- ☐ Race Day \$35.00 register at Race on 2/28/16

*will be guaranteed a shirt and swag bag if registered by 2/1/16

Maybe next year!

No, I will not be participating this year, but would like to make a contribution to support NASR Belvidere Special Olympics athletes!

☐ \$ _____

All mail in registration must be post-marked by 2/22/16.

Make all checks payable to "Belvidere Park District"

Drop Off Entry From to:

Belvidere Park Admin. Bldg. 1006 W. Lincoln M-F 9am-5pm
NASR Belvidere Facility 6581 Revlon Dr. M-F 3pm-7pm

Mail Entry From to:

NASR Belvidere Park District
6581 Revlon Drive
Belvidere, IL 61008

Participation Waiver: I know that participating in a road race is a potentially dangerous activity. I should not enter this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including extreme cold/snow/ice, traffic, and the conditions of the paths, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I form myself and anyone on my behalf, waive and release the Belvidere Park District and all race sponsors, supporters, officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

5K PARTICIPANT SIGNATURE
(PARENT SIGNATURE IF UNDER 18)

For Office Use Only:

Date Entry Received: _____ In. _____

Date Entry Entered in RecTrac: _____ In. _____

Date Entry Entered in Timing: _____ In. _____

Notes: _____

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL (receive race updates)

BIRTHDATE (MM/DD/YR)

- ☐ MALE
☐ FEMALE

SHIRT SIZE (circle):

YOUTH S M L

ADULT S M L XL 2XL

EMERGENCY INFORMATION: Individual listed as the emergency contact, must not be someone who is also participating in the Hug an Athlete 5K.

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NUMBER

How did you hear about the Hug an Athlete 5K?