



OFFICIAL ENTRY FORM & LIABILITY WAIVER

5K Run/Walk: Saturday, July 16, 2011

Campbell Memorial Park, Coal City, IL

Check in 5:30 pm Race at 6:30PM

TIKI TROT

First Name: _____

Last Name: _____

Address: _____

CityStateZip _____

E-Mail: _____@_____

Phone: (_____) _____ Gender: M F Age: _____

REGISTRATION FEE AND SHIRT SIZE

Pre-Race Day (before 7/1) \$25.00

Race Day Fee \$30.00

YOUTH SMALL MEDIUM LARGE (please circle)
ADULT SMALL MEDIUM LARGE XL XXL 3X (\$3 upcharge)

REGISTRATION FEE: \$ _____

Additional SHIRT (\$12.00/each): \$ _____ Size (s) _____

TOTAL PAYMENT: \$ _____

Shirts not guaranteed for registrations received after July 5, 2011

PAYMENT METHOD Check (Please make payable to Angels of Hope, Inc.)

Credit Card PLEASE CIRCLE (Visa or Master Card only)

Card #: _____ Exp date: _____ Verification Code: _____

Name on Card: _____

Billing Address on Card: _____

CityStateZip _____

Signature: _____ Date: _____

MAIL PAYMENT BY JULY 1, 2011 to: Angels of Hope, Inc., 101 W. Illinois Ave, Suite 1, Morris, IL 60450
 Credit card payments will be received by: Holsinger & Associates.

LIABILITY WAIVER

I KNOW THAT RUNNING A ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN 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 RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO: FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, INCLUDING HEAT/HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD AND 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 FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE ANGELS OF HOPE, INC., NFP, AND ALL SPONSORS, THEIR REPRESENTATIVES, AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER. I HAVE READ THE LIABILITY WAIVER AND UNDERSTAND THE INHERENT RISKS WITH THIS ACTIVITY. I GRANT PERMISSION TO ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, OR THAT I AM THE PARENT/GUARDIAN OF THE ENTRANT AND AM GRANTING PERMISSION FOR HIM/HER TO PARTICIPATE.

Signature (Parent/Guardian if under 18) _____