



Prairie View 5K Run/Walk

Sunday, April 18

8:05am



Prairie View Park



Runners and walkers of all ages can enjoy this USATF Certified Course (IL-01109-JW). Check-in is at 6:45am. T-shirts will be guaranteed to all pre-registered participants. All participants receive entry into post race food tent. The 5K Run starts at 8:05am. Awards will be given to the 3 top male and female finishers in each category and top male and female finishers overall. The 5K Fitness Walk starts at 8:10am. This is a non-competitive walk. All walk participants will receive a number and award.

Team Fitness Walk: Get a group of 4 together, sign up for the Prairie View 5K Walk and get a special pre-registration team rate of \$72. That's a \$4 savings per person so come take a healthy walk with us on Sunday, April 18th. This special offer is only for participants of the 5K Walk. You must register your team by noon on Saturday, April 17th.

OFFICIAL PRAIRIE VIEW RUN/WALK ENTRY FORM

To participate in the 5K Run or Fun Walk, please complete this registration form. One form per participant. You can drop off or mail your form to Morton Grove Park District, 6834 Dempster Street, Morton Grove, IL 60053. You can also register on-line at www.mortongroveparks.com. If you are pre-registering you may fax your form to 847-965-4115 with your credit card information. However, on race day we will only accept payment in the form of a check or cash.

First Name _____ Middle Initial _____ Last Name _____						Race # _____ Walker or Runner (Please circle) <i>For Office Use Only</i>
Street Address _____						
Town or City _____	State _____	Zip _____	Sex _____	Date of Birth _____	Age as of 4/18/10 _____	
Home Phone _____			Work Phone _____			
email address <input type="checkbox"/> Runner \$22 (prior to Race Day) <input type="checkbox"/> Walker \$22 (prior to Race Day) <input type="checkbox"/> Runner \$28 (Race Day) <input type="checkbox"/> Walker \$28 (Race Day)						
<input type="checkbox"/> Team Walk \$18 per team member (prior to Race Day) All 4 participants must submit their registrations together. You must register your team by 12 noon on Saturday, April 17th. No race day registration will be accepted.						
Total Payment \$ _____ Please make check payable to Morton Grove Park District. Method of Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Cash						
Card# _____ Exp. Date _____ Signature _____						
Please circle 5K Run/Walk T-Shirt Size:		Youth Sizes:		Adult Sizes:		
		10-12 14-16		S M L XL XXL		
WAIVER & RELEASE OF ALL CLAIMS "As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs." "I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees." "I know that running or walking a road race is a potentially hazardous activity. I should not enter and run/walk 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 and/or humidity, traffic and the conditions of the road." "I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program." "I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program." I have read and fully understand the above Program Waiver & Release of all Claims.						
Participant: _____			Date: _____			
(Guardian if participant under 18 years)						

FOR MORE INFORMATION PLEASE CALL 847-965-1200