



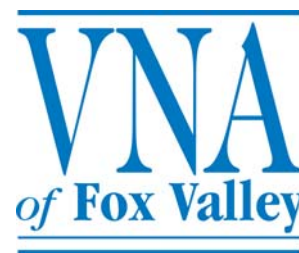
REGISTRATION FORM

REQUIRED FOR ALL PARTICIPANTS

(DEADLINE FOR MAIL-IN REGISTRATION: AUGUST 21, 2010)

REGISTRATIONS ACCEPTED DAY OF EVENT

ALL INFORMATION BELOW IS REQUIRED



Saturday, August 28, 2010

Registration: 6:30am

5K start: 8:00am

Rain or Shine

No refunds

AN E-MAIL CONFIRMATION WILL BE SENT CONFIRMING YOUR REGISTRATION

AWARDS FOR RUNNERS AND WALKERS, IN 5 YEAR AGE INTERVALS

(7-10, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-70 and 70+).

OR register at: www.vnafoxvalley.org/hospicewalk.html

PLEASE ENTER ME AS A: _____ **Runner** _____ **Walker**

Age on 8/28/2010: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail _____

T-shirt Size (please circle): YS YM S M L XL XXL XXXL

- 'In Memory Of' (up to 6 runners or walkers -- Separate registration form for each participant)\$250
- Family Package (up to 6 immediate family members -- Separate registration form for each participant)\$75
- Individual Adult Runner or Walker (11 and older)... *Fee increases to \$30 day of event*.....\$25
- Individual Child Runner or Walker (age 7-10)..... *Fee increases to \$20 day of event*.....\$15

Children aged 6 and under participate at no charge! (Must be accompanied by parent/guardian. Completed form required.)

Individual Memory Sign ... (posted along route)\$75

Name(s) on sign (limit 2 names per sign) _____

Additional t-shirt(s).....\$12/each qty _____ x \$12 Size(s) _____ \$ _____

Leaf for Memory Tree ...\$6/each qty _____ x \$6 \$ _____

Name(s) _____

Grand Total _____ \$ _____

Payment Method

Check Enclosed (Make checks payable to VNA Fox Valley) OR Please charge my credit card Mastercard Visa

Cardholder name _____

Card Number _____ Exp. Date _____ Amount \$ _____

Mail or fax completed registration form by August 21, 2010 to:

VNA of Fox Valley • 400 N. Highland Ave, Aurora, IL 60506 • ATTN: L. Reiter / 630-978-2709 (fax)

VNA is a 501c3 organization. Donations are tax deductible in accordance with IRS guidelines.

For more information or additional forms, visit our web site at vnafoxvalley.org.

Waiver and Release: PLEASE READ CAREFULLY, YOUR SIGNATURE IS REQUIRED FOR THIS ENTRY TO BE ACCEPTED. I know that running/walking a road race is a potentially hazardous activity. I attest that I am medically able and properly trained for this event. I agree to abide by all decisions of the race officials relative to participating in this event, including but not limited to, falls, contact with other participants, the effects of weather, including high heat, and humidity, traffic and the conditions of the road, 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 VNA of Fox Valley, all employees and volunteers, the County of Kane and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event. In consideration of the safety of all participants, I understand that absolutely no headphones, skateboards, skates, rollerblades or bicycles are allowed on the course. I understand that those wishing to participate with baby joggers, baby strollers, and animals on leash must walk the course and defer to the Run/Walk Director's instructions. In addition I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded. I grant permission to all the foregoing to use photographs, motion pictures, recordings, or other record of this event for any legitimate purpose. If registered participant is under 18, signature of parent or legal guardian is required.

Signature (if over 18 years of age): _____ Date: _____