



RUN/WALK REGISTRATION FORM FOR CASH OR CHECK

Please make check payable to Lazarus House

Mail to Lazarus House, 214 Walnut St., St. Charles, IL 60174

If paying with credit card, please register at www.signmeup.com

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

E-Mail: _____

Date of Birth: _____ Age on Race Day: _____

Run \$28 by May 31 Run \$30 by June 30 Walk \$20

Male Female

Adult t-shirt size preferred - Size not guaranteed

S M L XL XXL

Total Enclosed: _____

Waiver and Release

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Lazarus House, The Event, The Chicago Area Runners Association, Fox River Trail Runners, Dick Pond Fast Track, Performance Runners, Fast Track Race Team, the City of St. Charles, the St. Charles Park District, the Kane County Forest Preserve, and any and all sponsors of The Event, their representatives and successors, that may arise as a result of my participation in The Event and any pre- and post- event activities.

I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

I understand and agree to the waiver and release.

Signature

Parent's signature required if runner/walker is under age 18