

The 2014 Autumn Leaf Run is presented

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State Bank

Freeport, IL

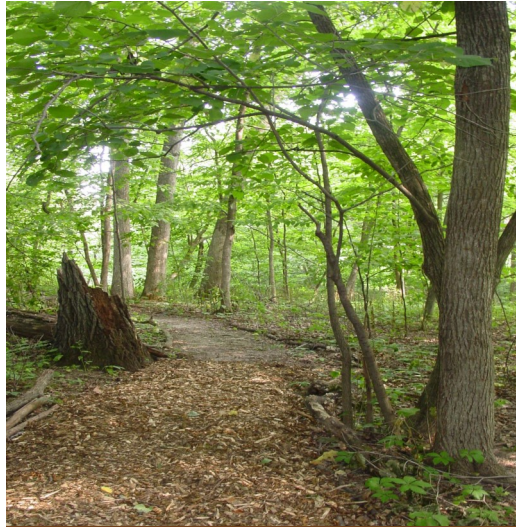


FEHR GRAHAM
ENGINEERING & ENVIRONMENTAL



Winter
CONSTRUCTION
GENERAL & DESIGN/BUILD CONTRACTOR

FREEPORT PARKS foundation



All proceeds from the Autumn Leaf Run will go to the Freeport Parks Foundation to fund tree replacement in Freeport Parks. An estimated 500 trees need to be planted to replace those damaged by the Emerald Ash Borer that has plagued trees in the region. We appreciate your support to keep our community green and vibrant.

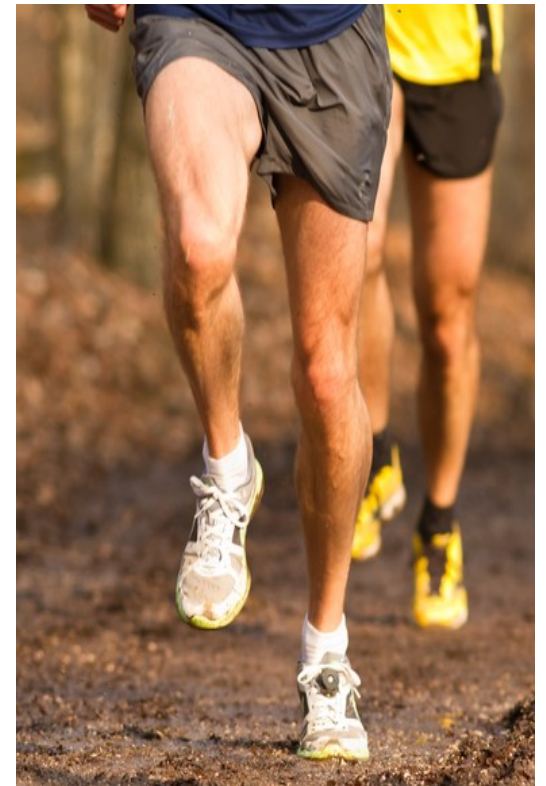
Freeport Parks Foundation

PO Box 417
Freeport, IL 61032

Phone: 815-235-6114
Fax: 815-233-9210
E-mail: contact@freeportparkdistrict.org
Web: www.freeportparksfoundation.org

**Autumn
Leaf Run**
5K Trail Run/Hike
Freeport Parks Foundation

October 11, 2014
Oakdale Nature Preserve



FREEPORT PARKS FOUNDATION

The Freeport Parks Foundation is a not-for-profit organization created to provide resources beyond conventional public funding to enrich and enhance the Freeport Park District. The Parks Foundation is committed to assisting the Freeport Park District to reach its full potential in terms of land acquisition, facilities enhancements, park beautification, and event programming.

TEAM CHALLENGE—NEW

This year's race will feature a team competition consisting of teams of 3 people. The lowest combined places from all 3 runners will win the coveted team trophy. For more information, or to sign up as a team, please contact us at contact@freeportparkdistrict.org. Team trophy on display at Park District Administration Office. Entry fee includes team and individual events.

RACE INFORMATION

RACE BEGINS AT 9:00 AM
OCTOBER 11, 2014

LOCATION

Oakdale Nature Preserve
4433 S. Cranes Grove Road
Freeport, IL 61032

RACE COURSE

The race course consists of a 5K trail run through the varied terrain of Oakdale Nature Preserve. Runners and hikers will encounter wide tree-lined trails, moderate hills, prairie, bridge crossings and a few single track trail sections. The start and finish lines will be near each other. The race will be timed using chip timing system.

AWARDS

Medals to first overall male & female winner; three medals in each age bracket for male and female runners 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

T-shirts will be guaranteed to each pre-registered participant on race day along with goody bags and post race hospitality.



Annual Hand Carved Trophy
Overall Mens/Womens Winner

FREEPORT PARKS FOUNDATION 5K TRAIL RUN/HIKE REGISTRATION FORM

NAME _____

AGE _____ SEX _____ PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOB: _____

T-shirt size: YOUTH S M L XL
 ADULT S M L XL XXL

Rockford Road Runners Member? Y/ N

Please read, and then sign this liability waiver and photo release:
As a participant (the parent/legal guardian of a minor participant), I recognize that there are risks of physical injury, and I agree to assume the full risk of any injuries (including death), losses or damages as a result of participating (allowing the minor for whom I am responsible to participate) in any and all activities described in this release. In consideration of Freeport Park District accepting my registration, I hereby for myself, my heirs, executors, administrators, agree to waive all claims I may have as a result of participating, traveling to and returning from any and all activities of the program against Freeport Park District, Rockford Road Runners, Freeport Parks Foundation and its officers, agents, volunteers, servants and employees. I release, indemnify, and hold harmless the Freeport Park District, its officers, agents, volunteers, and employees, from any and all claims from any source or person (including the minor participant) for injuries (including death), losses, expenses, or damages due to the participation herein requested and granted, as well as the traveling to and returning from the identified activities, or losses arising out of, connected with, or any way associated with the activities herein described. I understand that I or my child/ward may be photographed or videotaped while participating in the above program(s). I give my permissions for photos and videotape of me or my child/ward to be used to promote the Park District and that such photos and videos will be the property of the Freeport Park District. In the event of an emergency, I authorize Freeport Park District to secure medical treatment deemed necessary for my immediate care and/or the care of my child and I agree that I will be responsible for the payment of any and all medical treatment and services rendered.

Signature of Participant or _____ Date _____

Parent/Legal Guardian of Participant under the age of 18

\$25 for pre-entry through October 3, 2014

\$35 for race day entry - Due by 8:30AM

Mail Entry Form and make checks payable to:

Freeport Parks Foundation
P.O. Box 417
Freeport Illinois 61032