FREEPORT PARKS FOUNDATION 5K TRAIL RUN/HIKE
TEAM REGISTRATION FORM

TEAM NAME_____

1ST RUNNER NAME_____

AGE_____SEX_____PHONE_____

EMAIL_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

DOB:_____

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

2ND RUNNER NAME_____

AGE_____SEX_____PHONE_____

EMAIL_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

DOB:_____

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

3RD RUNNER NAME_____

AGE_____SEX_____PHONE_____

EMAIL_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

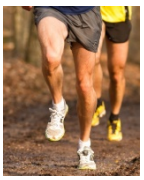
DOB:_____

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

2019 Autumn Leaf Run

October 5, 2019

Oakdale Nature Preserve



Waiver & Release

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 Parent/Legal Guardian of Participant under the age of 18 — Date

_____

Signature of Participant or Parent/Legal Guardian of Participant under the age of 18 — Date

_____

Signature of Participant or Parent/Legal Guardian of Participant under the age of 18 — Date

_____

ENTRY FEE: $60

Mail Entry Form and make checks payable to:

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