

ST. PATRICK'S DAY 5K REGISTRATION FORM

Hampshire Township Park District

Warning of Risk

Running and power walking are intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. The very nature of road racing is hazardous and risky, including but not limited to overexertion, dehydration, slip and falls, collisions with other participants, the effects of weather, dangerous conditions of the road, being struck by a vehicle or bicycle, lack of good physical conditioning, poor training technique, and all other circumstances inherent in running/walking events. In this regard, it must be recognized that it is impossible for the Hampshire Township Park District to guarantee absolute safety.

Waiver and Release of all claims

In consideration for participation in this event, I agree to assume the full risk of any and all injuries, damages, or loss which I or my minor child might sustain as a result of participating in this event, including pre and post race activities. I hereby agree to waive and relinquish any and all claims I or my minor may have as a result of participation in this event against the Hampshire Township Park District, Village of Hampshire, Township of Hampshire, County of Kane, and their respective officials, employees, agents, and volunteers (collectively referred to as "releases"). I further fully release and discharge Releases from any and all claims from injuries, damage, or loss which I or my minor child may have or which may accrue to me or my minor child on account of participation in this event, including pre and post race activities. I also give my permission for the free use of my and or my minor child's name and or picture in any broadcast, telecast or other accounts of this event. I further attest and certify that my minor child or I are physically fit and have sufficiently trained for completion in this event.

Participants Signature (Parent/Guardian's signature required if participant is under 18)

(Date)

Please fill out the following information completely.

Name _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Email address _____

Resident of Hampshire _____ Yes _____ No

Circle T-Shirt Size

YM YL AS AM AL AXL A2XL

Sex (Please Circle) M F

Birth Date: mm ____/dd ____/yyyy _____

Circle Sock Size

YM YL AS AM AL AXL A2XL

Age on Race Day _____

Do you have any need for special accommodations for this event? If yes, please explain:

Mail Payment		Please do not send cash	CHECK # _____
PO Box 953 Hampshire, IL 60140 Fax: 847-683-1741		_____ MASTERCARD _____ VISA	
FOR OFFICE USE ONLY Activity Code 160702-A4		Card # _____	
		Exp. Date ____/____	V- Code _____ Amount of Charge _____
		Cardholders Name _____	

