

2nd Annual Matt McElfresh 5k Run/Walk Registration

Eagles Club 3737 N. 5th Quincy
June 18th, 2011 8:00 A.M

One form per participant needed. Please print on the form clearly and completely. Please make sure form is signed. **UNSIGNED ENTRIES WILL NOT BE ACCEPTED.**

Run Walk (check one)

First Name: _____ Last Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Registration: 8:00 A.M Start: 8:45 A.M

Only a paid entry before May 21st will receive a free T-shirt, T-Shirt Size: (circle) Adult: S M L XL XXL

5K Run/Walk adults \$25 fee, under age 16 free, Sorry No refunds are available.

Age Divisions: **25 and under, 26 - 35, 36 - 45, 46 and up**

Awards will be presented to overall male & female runner and top 3 male and female finishers in each division

I am enclosing a payment of: \$ _____ Make checks payable to: **Matt McElfresh Fund**

Mail to: **Rachel Smith 1512 College Ave Quincy, IL 62301**

- Mailed entries must be postmarked by May 21st, 2011 to be guaranteed a free t-shirt.
 - Additional registration forms are available online at mattmcfreshfund.org
 - Additional T-shirts will be sold during registration at 8:00 A.M June 18th.
 - Proceeds will benefit Matt McElfresh Memorial Scholarship Fund

Release and Waiver of Liability: I, the undersigned in consideration of the opportunity to participate and the acceptance of my entry in this event, intending to be legally bound, do hereby, on behalf of myself, my heirs, and legal and personal representatives, release, waive, and forever discharge any and all claims for injuries and damages to my person or property, including any and all claims for such injuries and damages resulting from negligent acts or conduct, and including any and all causes of action relating thereto, which I might have or shall ever have against the Eagles Club and volunteers, affiliates, employees, representatives, and successors assisting the Matt McElfresh Memorial Scholarship Fund. I further state that I have sufficiently trained for and that I am in proper physical condition to participate in this event. I further acknowledge that I am aware of and voluntarily assume the risks inherent in participating in this event. I further grant authorization for the free use of my name and/or photographs, videotapes, motion pictures, recordings, or any other record or transcription of my participation in this event, including, but not limited to, advertisements, for publicity, or other media accounts pertaining to this event.

Sign: _____ Date: _____

Sign (Parent /Guardian if under 18): _____