

OFFICIAL USE ONLY
 Rec'd by _____ Date _____ Shirt Yes No
 \$ _____ Cash Check Bib# _____



Saturday
June 9
8 am

2111 Midlands Ct., Sycamore
 Midlands Professional Campus
 (behind Johnny's Charhouse)

Sponsors

OFFICIAL ENTRY FORM

(please print, may be duplicated - must be signed below)

LAST NAME _____
FIRST NAME _____
DATE OF BIRTH _____
AGE ON RACE DAY _____ MALE FEMALE
ADDRESS _____
CITY _____
STATE _____
ZIP _____
EMAIL _____

SHIRT SIZE S M L XL (based on availability)
ENTRY FEE Proceeds will support the DeKalb County Chapter of the American Red Cross.
 Send form to: **Unlimited Performance, 2111 Midlands Ct., Sycamore, IL 60178**
 \$15 KishHealth System employee
 \$20 non-employee \$25 Day of Race Registrant
 Cash or Check

WAIVER MUST BE SIGNED BY RUNNER OR PARENT*
 In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assignees, do hereby release and discharge of Unlimited Performance Rehabilitation & Sports Medicine and the Unlimited Performance 5K Race Committee, and any other sponsors and supporters for all claims and damages, demands, actions whatsoever in any manner arising or growing out of my participation in the Unlimited Performance 5K Race. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I also give Unlimited Performance Rehabilitation & Sports Medicine, Unlimited Performance 5K Race Committee and other sponsors and supporters permission to use my name and/or picture in publicity and promotional materials.

SIGNATURE _____

Parent Signature (if under 18 yrs.) _____

