

October 13th 2013 Shady Hill Marina 28710 W Fox River Dr - Barrington Start Times: 8 AM – Registration 9 AM - 5k Run/Walk

Proceeds of the 2013 race will support Misericordia--Heart of Mercy, a home with support services for people with developmental disabilities, located in Chicago, IL.

Please mail or drop off (BY OCTOBER 1st) to: 23507 N. Summit Dr. Barrington IL 60010

Questions? Call: (847)-382-6068 Fax: (847)-737-5282 Email: chilidumprun@att.net

| First Name: | | | | |
|---|--------------------------|---|-----------------------------|--|
| Last Name: | | | | |
| Address: | | | | |
| Age: | Phone | E-Mail | - | |
| Sex: Male / Female | e 🔲 \$20 Run/Walk by Oct | t 1 ^s 515 Children 12 and under | \$25 after Oct. 1 ⁵t | |
| Event (circle one): | 5k Run 5k Walk | Shady Hill Resident (or relative) (Proceeds 50/50 Misericordia/ Shady Hill | • | |
| T-Shirt Size: S | M L XL | | | |
| <i>Optional Additional Donations:</i> \$ for | | | | |
| Total money enclosed \$ Make checks payable to: SHHA 5k | | | | |

Waiver (Must be signed)

Whereas, the undersigned desires to participate in the **Chili Dump Run** (hereinafter the "**Race**") and understands that running and/or walking a race is a potentially hazardous activity. I declare that I am medically fit enough to participate in the Race and that I assume all risks associated in running and/or walking this event. I assume full responsibility during and after the **Race** for my choice to participate and

(*Please Print*), I, _______, understand and affirm that participation is at my own risk, and I hereby for myself, heirs, executors, and administrators waive any and all claims I may have against the Shady Hill Homeowners Association (SHHA), and/or Barrington Harbor Homeowners Association (BHHA), their officials, subsidiaries, affiliates, agents, organizers, sponsors and volunteers, for any and all liability for bodily injury or any other damage or loss that I may suffer as a result of my participation in the **Race**, including pre and post-race activities. I realize that this release is complete and absolute and that this release constitutes a complete waiver of any claim, which I might otherwise possess as a result of any accident, injury, or property damage and the consequences thereof in connection with this **Race**. I understand that this release is a condition to participate in the **Race**.

| Signature of Participant | Date | |
|-------------------------------------|------|--|
| Signature of Parent or Guardian | Date | |
| (If entrant is under the age of 18) | | |