

ONLY GHOULS RUN ON HALLOWEEN HAUNTED 5K RUN/WALK

Registration Form

Sunday, October 20 - **Registration:** 5PM
Runners Race Time: 5:30PM - *walkers to follow*
Location: CCHS, 655 W Division St, Coal City, IL

Name: _____ Bib Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Age on Race Day: _____ Male Female Phone Number: _____

Emergency Contact: _____ Contact Phone: _____

T-Shirt Size (*please check one*):

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

Entry Fee (*please check one*):

Early Registration: \$25 5K Run \$25 5K Fun Walk
Before Sunday, October 13

Day of Race Registration: \$30 5K Run \$30 5K Fun Walk
After Sunday, October 13

Awards:

Medals will be awarded to the top finishers in the following adult categories: 19-30, 30-55, 55 and over

Medals will also be awarded to the top finishers in the following youth categories: 14 and under, 15-18

Release and waiver (**Please read and sign**):

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, ItsYourRace.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature _____

Date _____

Completed forms can be sent to CCHS, Attn: Drama Club, 655 W Division St, Coal City, IL, 60416

Checks payable to: CCHS - Email Jack Micetich, jmicetich@coalcityschools.org with any questions.