

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Male Female

Birth Date (mm/dd/yy) _____ Age on Race Day _____

E-mail Address _____

T-Shirt Size (circle one) S M L XL XXL
(Unisex sizing - will not shrink) (T-Shirt Size Not Guaranteed)

Entrance Fee Enclosed \$35 \$45 (postmarked after May 4)

Pasta Brunch (Included in Entrance Fee.) Yes Guests _____ @ \$5 Each = _____

The Literacy Council Donation Enclosed \$ _____

PAYMENT OPTIONS:

Cash Check VISA MC

Card Number _____

Expiration Date _____ V-Code (from back of card) _____ Zip Code _____

Name as it appears on card _____

Waiver

Release and Waiver of Liability: In consideration of the foregoing, I for myself, my spouse, my heirs, my executors, administrators and assignees, do hereby release and hold harmless The Literacy Council, Rockford Road Runners, Winnebago County Forest Preserve District, the City of Rockford, Village of Cherry Valley, all race sponsors, officials, and volunteers and their insurers from any and all claims for liability for death or damages for any and all injuries to me or my property, arising out of or in connection with my participation in the Literacy Council Half Marathon. This release extends to all claims of every kind and nature whatsoever, whether foreseen or unforeseen, known or unknown. I attest and verify that I have full knowledge of the risk involved in the Literacy Council Half Marathon and I certify and attest that I am physically fit and trained to participate in it. I have read this release; I understand it and have executed it voluntarily, as verified by my signature below.

Signature _____ Date _____

(Must be parent/guardian signature if under 18)

Please make checks payable to:

The Literacy Council

Mail registration form with payment to:

The Literacy Council
982 North Main Street
Rockford, Illinois 61103