



Runners | Walkers
 Saturday Oct. 6th 10:00-12:00pm
 Bob Mays Park
 2533 N. 18th Street
 Quincy, IL 62305



<input type="checkbox"/> \$25 Individual <input type="checkbox"/> \$75 Family Includes: Dry fit shirt + disposable timing chip			
1. REGISTRATION Deadline September 21st		Office: 217-223-7703	quincyparkdistrict.com
Name:		DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		State:	Zip:
Print Email:		Cell:	
<input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
Age: <input type="checkbox"/> 10-13 <input type="checkbox"/> 14-18 <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+			
2. Family include up to 4 members			
Name:		DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		State:	Zip:
Print Email:		Cell:	
<input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
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3. Family member			
Name:		DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		State:	Zip:
Print Email:		Cell:	
<input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
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4. Family member			
Name:		DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		State:	Zip:
Print Email:		Cell:	
<input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
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5. Additional family member \$15 each			
Name:		DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		State:	Zip:
Print Email:		Cell:	
<input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
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Registration: quincyparkdistrict.com | Call: 217-223-7703 | Office: Bonansinga Drive Quincy, IL 62301

All proceeds from the KHQA 5K Trail Blazer benefit Friends of the Trail

Run Director: Adam D Rapp ARapp@quincyparkdistrict.com (217)-919-0318

(See back)



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**WAIVER AND RELEASE OF ALL CLAIMS PROGRAM PARTICIPATION WAIVER,
 RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR QUINCY PARK DISTRICT
 READ CAREFULLY**

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms, “I,” “me,” and “my” also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I waive and relinquish any and all claims I may have as a result of participating in the program against the Quincy Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of the Agreement.)

I do hereby fully release and discharge the Quincy Park District and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as “participation,” “program” and “activities,” referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program. I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

I understand that unless I specifically object in writing at the time of registration, I agree and consent that photographs of participants might be taken and used in publications.

Insurance: The Quincy Park District DOES NOT carry medical or accident insurance for program participants. Please review your own personal health insurance program to be certain that you have proper coverage.

 Participant 1. Printed Name and Signature

 Participant 2. Printed Name and Signature

 Participant 3. Printed Name and Signature

 Participant 4. Printed Name and Signature

 Participant 5. Printed Name and Signature

If participant is a minor under the age of 18, BOTH parents or one custodial parent or guardian MUST sign.