

PLEASE REGISTER BY
JUNE 18, 2011

Registration

Register online at:

www.we-goparks.org

or mail in the form on the reverse side of this page, along with a check (payable to West Chicago Park District), to:

157 W. Washington Street
West Chicago, IL 60185

Registration Deadline

Deadline for receiving registrations and online registration is Friday, June 18th at 5:00pm

Fees

\$20.00 for each pre-registered runner/walker (Register by June 18, 2011)

\$25.00 for each day of race runner/walker (if available)

T-shirts will be provided to pre-registered runners/walkers only (register by June 18, 2011)

Race Packets

Packets will be handed out the day of the race beginning at 6:30am.

All proceeds will benefit the Friends of West Chicago Parks Foundation and Northwest DuPage Walk-in Ministries.

The West Chicago Park District
157 W. Washington Street
West Chicago, IL 60185



RAILROAD DAYS



5K RUN/WALK

July 9, 2011
Reed Keppler Park
West Chicago, IL



Phone: 630-231-9474

Fax: 630-231-2352

www.we-goparks.org

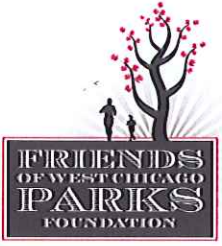
Race Hosts

The race is hosted by The West Chicago Park District and the West Chicago Chamber of Commerce & Industry



Race Proceeds will Benefit

All proceeds will benefit the Friends of West Chicago Parks Foundation and Northwest DuPage Walk-in Ministries.



Awards

Trophies will be awarded to the top 3 finishers (3 male/3 female) in each of the following age groups:

19 and under	40-49
20-29	50-59
30-39	60 and above

Results will be posted after the race.

T-Shirts

All pre-registered runners will receive an official t-shirt with their paid registration (Register by June 18, 2011).

Course

The 5K (3.1 mile) run kicks off and ends at Reed Keppler Park. The race circles through a few streets in West Chicago National (E), Arbor (N), Hawthorne (E), Ingaltton (S), Grandlake (W), and Fremont (N) and through Reed Keppler Park .



Please meet and park at the Turtle Splash Water Park (129 W. National), denoted by a red star in the map above.

Race Day

Registration and packet pick-up:	6:30 am
Warm-up (registration will close):	7:15 am
Race begins:	7:30 am
Awards Ceremony:	8:30 am

Other Information

Times will be taken at the mile markers. Water & fruit will be provided at the start and the finish of the race.

REGISTRATION

Name (Print, Last): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age on 07/09/11: _____ Sex: M F

T-shirt size (circle one): YL AS AM AL XXL

Payment Information

PAVEMENT AMOUNT: \$ _____ PAID BY: CHECK CASH VISA MC AX

Credit Card #: _____ Exp: _____

Signature: _____ Date: _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the Railroad Days 5K Run/Walk, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the West Chicago Park District or West Chicago Chamber of Commerce and Industry, including its officials, agents, The Friends of West Chicago Parks Foundation, Northwest DuPage Walk-in Ministry, volunteers and employees. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for immediate care and agree that I will be responsible for payment of any and all medical services.

I have read and fully understand the above important information, waiving of risk, assumption of risk and release of all claims. If registering on-line, or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Signature (18 or older or Parent/Guardian) and Date: _____

Participant's Signature (18 or older or Parent/Guardian) and Date: _____

PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver