



REGISTRATION FORM

JOIN US FOR A MORNING OF RUNNING, MUSIC, AND FUN

Saturday, July 1st, 2017 at 7:30 am

Rochester Park off West Main Street on Ebel Drive

All in support of the Cochlear Implant Awareness Foundation

Packet pick-up: Friday, June 30 from 4 - 6 pm at District 23, Rochester *and* Saturday, July 1st, Race Day, 6:30 - 7:15 am

There is free parking throughout the park, but availability will close at 7:15 a.m. as the race route begins through the main lot. ARRIVE AT LEAST 30 MINUTES EARLY FOR PARKING. NO PARKING IS PERMITTED ALONG WEST MAIN STREET FOR SAFETY OF RUNNERS.

PLEASE COMPLETE ONE FORM PER PARTICIPANT

Registration Options:

- Registration Fee \$30.00 *(before June 15th)*
- High School Student Registration Fee \$28.00 *(before June 15th)*
- Registration Fee \$35.00 *(after June 15th)*

TOTAL

Payment Details:

Payment can be made at District 23, 130 S John St, Rochester, IL 62563.

- Cash
- Credit Card

Name:

Email:

Address:

City, State, and Zip:

Name of High School (if Student Registration):

Gender:

- Male
- Female

Age on Race Day:

T-Shirt Size:

- Small
- Medium
- Large
- XLarge

Please sign the reverse and mail completed registration form and fee to:

District23, Attn: Ellie Tjelmeland, 130 S John St, Rochester, IL 62563

No Refunds - Registration fees are non-refundable, if you can't make it we appreciate the donation to our cause.

WAIVER

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I am fully aware and accept that dangers are inherent in this activity and vary in degree depending upon my own physical condition and abilities as well as the conditions of the paths and surrounding areas upon which participants and volunteers will walk, jog, run or by other means travel. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever, and specifically will take great care to comply immediately where such instruction or decision relates to my safety or the safety of any other participants, race officials, volunteer workers or other persons associated with the race or in the areas being used for the race. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, high winds, ice, rain, puddles, traffic and the conditions of the road, including being struck by any vehicle, sidewalks, and trails, and all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Watermelon 5K/ Cochlear Implant Awareness Foundation, including all race organizers and volunteers, the Village of Rochester, the city of Springfield, Sangamon County, all event sponsors, their representatives, agents and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver, and further agree that I shall hold these entities harmless from all claims and liabilities of any kind arising from my actions relating to my participation or volunteer actions in this event and shall indemnify said entities for all costs of defense, including reasonable attorneys' fees, incurred in the defense against any claims and liabilities from any third parties where such claims and liabilities are the result of my actions relating to my participation or volunteer actions at this event. Further, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic record of this event for legitimate purposes.

I, the undersigned, agree to the terms above:

Parent/Guardian if under 18 years:



WWW.WATERMELON5KRACE.COM

CIAF has helped over 1,500 families receive the gift of hearing and we have big plans to help even more people hear in 2017!

THIS BOX FOR OFFICIAL USE ONLY

DATE ENTERED:

AMT:

CONFIRMATION #:

OTHER INFO: