

**BIB # \_\_\_\_\_**

**THANKSGIVING DAY 5 K RUN / WALK  
NOVEMBER 22, 2018  
LIPPOLD PARK, CRYSTAL LAKE, ILLINOIS**

**In order to participate in this event this Application and Waiver & Release must be completed and signed.**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**I recognize and acknowledge that there are certain risks of physical injury and harm to participate in this activity and voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that may result from my participation against The Crystal Lake Park District, including its agents, volunteers, employees, officials and board members (hereafter referred to as The Crystal Lake Park District), The Hillstriders Running Club including its members, and any and all sponsors, organizers, volunteers and officials. I do hereby fully release and forever discharge The Crystal Lake Park District, The Hillstriders Running Club including its members, and any and all sponsors, organizers, volunteers and officials from any and all claims for injuries, damages or loss that may accrue to me and arising out of, connected with, or in any way associated with this activity. I have read and fully understand the above important information, warning, risk and waiver and release of any and all claims.**

\_\_\_\_\_  
**Participant's Signature (Print Name) Date**

\_\_\_\_\_  
**Signature of Parent or Guardian If Under 18 Years of Age**