



# Buffalo Grove Stampede Day of Race Registration Form September 4, 2011

**Circle Event you are registering for:**

10k Run - \$30      5k Run - \$30      5k Walk - \$20

**No Pets, Rollerblades, Bicycles, Strollers or Scooters Allowed**

*Make Check Payable to: Friends of the Parks Foundation*

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Circle Gender: Male Female

Street Address: \_\_\_\_\_ Apartment / Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age on 9/5/10: \_\_\_\_\_ Average Mile Split Time: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Age Group for 10k and 5k Runners Only:

- |                                      |                                    |                                  |
|--------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> 9 and Under | <input type="checkbox"/> 10 – 14   | <input type="checkbox"/> 15 – 19 |
| <input type="checkbox"/> 20 – 24     | <input type="checkbox"/> 25 – 29   | <input type="checkbox"/> 30 – 34 |
| <input type="checkbox"/> 35 – 39     | <input type="checkbox"/> 40 – 44   | <input type="checkbox"/> 45 – 49 |
| <input type="checkbox"/> 50 – 54     | <input type="checkbox"/> 55 – 59   | <input type="checkbox"/> 60 – 64 |
| <input type="checkbox"/> 65 – 69     | <input type="checkbox"/> 70 and Up |                                  |

Please read this form carefully and be aware that in registering yourself or your minor child/ward for the above program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Foundation, the Park District, the race sponsors, Chicago Area Runners Association and their officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the Foundation, the Park District, the race sponsors, Chicago Area Runners Association and their officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Foundation, the Park District, the race sponsors, Chicago Area Runners Association and their officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s).

Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their children for publication in the program brochure, web site and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their children.

I have read and fully understand the above program details and waiver and release of all claims.

**Race Number Assigned:**

\_\_\_\_\_

*We reserve the right to place you in wave 1 or wave 2 for the 5k run on the day of the race.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Under 18, Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_