



NCH Buffalo Grove Stampede Registration Form August 31, 2008

Circle Event you are Registering for:

10k Run

5k Run

5k Wheelchair

5K Walk

**Fees: CARA members entitled to a \$2.00 discount off Advanced Registration only.
If applicable, include CARA Membership number here: _____**

5k Run, 5k Wheelchair & 10k Run
\$23 Advanced / \$28 Day of Race

5k Walk
\$14 Advanced / \$17 Day of Race

First Name _____ Last _____ Circle Gender: Male Female

Street Address _____ Apartment or Unit# _____

City _____ State _____ Zip _____

Birth Date _____ Age on 8/31/08 _____ Home Phone () _____

Age Group for 5k and 10k Runners Only:

_____ 14 & Under	_____ 35 – 39	_____ 60 - 64
_____ 15 – 19	_____ 40 – 44	_____ 65 - 69
_____ 20 – 24	_____ 45 – 49	_____ 70 & Up
_____ 25 – 29	_____ 50 - 54	
_____ 30 – 34	_____ 55 - 59	

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.

Participant Signature _____ Date _____ If Under 18, Parent's Signature _____ Date _____

**Please make checks payable to: Buffalo Grove Park District
Mail to: Buffalo Grove Park District, 530 Bernard Drive, Buffalo Grove, IL 60089**

Advanced registration must be received by August 27, 2008