



REGISTRATION FORM

REQUIRED FOR ALL PARTICIPANTS



PLEASE PRINT NEATLY IN BLACK OR DARK BLUE INK, USING CAPITAL LETTERS
(DEADLINE FOR MAIL-IN REGISTRATION: AUGUST 31, 2008)

REGISTRATIONS ACCEPTED DAY OF EVENT

ALL INFORMATION BELOW IS REQUIRED

AN E-MAIL CONFIRMATION WILL BE SENT CONFIRMING YOUR REGISTRATION
AWARDS FOR WALKERS & RUNNERS, IN 5 YEAR AGE INTERVALS

Saturday, September 6
7-11 am/Rain or Shine

Last Name Middle Initial

First Name

Daytime e-mail _____

Gender: Male Female Age (as of 9/6/08) _____ T-shirt Size (1 free to each registrant): _____

This is my address at Home Work

Company (if applicable)

Address

City State Zip

Daytime Phone - - Ext.

- 'In Memory Of' (up to 6 runners or walkers) \$250
(Separate registration form for each participant)
 - Family Package (up to 6 immediate family member Walkers) \$75
 - Individual Runner \$25
 - Individual Walker \$25
 - Butterfly for release ceremony \$20/each
qty _____ x \$20 \$ _____
 - Additional t-shirt(s) \$20/each
qty _____ x \$20 \$ _____
Size(s) _____
- Grand Total** \$ _____

Payment Method

- Check Enclosed (Make checks payable to VNA Fox Valley)
- Credit card (Please charge my credit card) Mastercard Visa

Cardholder name _____

Card Number _____ Exp. Date _____ Amount \$ _____

Mail or fax completed registration form by August 31, 2008 to:
VNA of Fox Valley • 400 N. Highland Ave, Aurora, IL 60506 • ATTN: L. Reiter
630-978-2709 (fax)

VNA is a 501c3 organization. Donations are tax deductible in accordance with IRS guidelines. For more information or additional forms, visit our web site at vnafoxvalley.org.

Waiver and Release: PLEASE READ CAREFULLY, YOUR SIGNATURE IS REQUIRED FOR THIS ENTRY TO BE ACCEPTED. I know that running/walking a road race is a potentially hazardous activity. I attest that I am medically able and properly trained for this event. I agree to abide by all decisions of the race officials relative to participating in this event, including but not limited to, falls, contact with other participants, the effects of weather, including high heat, and humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. 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 VNA of Fox Valley, all employees and volunteers, the County of Kane and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event. In consideration of the safety of all participants, I understand that absolutely no headphones, skateboards, skates, rollerblades or bicycles are allowed on the course. I understand that those wishing to participate with baby joggers, baby strollers, and animals on leash must walk the course and defer to the Run/Walk Director's instructions. In addition I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded. I grant permission to all the foregoing to use photographs, motion pictures, recordings, or other record of this event for any legitimate purpose. If registered participant is under 18, signature of parent or legal guardian is required.

Signature (if over 18 years of age): _____ Date: _____