



SUPERHERO SPRINT

5K Run/Walk

April 27, 2019

Belvidere Park, 1006 West Lincoln Ave., Belvidere, IL

Registration Opens: 8:00 AM-Race Time: 9:00 AM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

GENDER: _____ **MALE** _____ **FEMALE**

AGE ON RACE DAY: _____ **BIRTHDATE:** _____

REGISTRATION FEE: **5K RUN/WALK \$25.00** _____
GROUP (\$20 each) \$ _____
(Groups consist of 5 of more runners- must submit forms together)

TSHIRT SIZE: YS YM YL S M L XL 2XL 3XL

BIB NUMBER _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that I and/or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims I and/or my minor child/ward may have as a result of participating in this activity against Superhero Center for Autism, Belvidere Park District, the City of Belvidere, the Superhero Sprint 5K Race Committee, Race Time, Inc., and their respective sponsors, officials, agents, volunteers, elected officials, past and present board members and employees (hereinafter collectively referred to as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or losses that I and/or my minor child/ward may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with this event. I further agree that this agreement shall be governed by the law of the State of Illinois.

By participating in this event, Superhero Center for Autism has the right to reproduce/use videos and photos taken of the event and participants on race day as well as posting of results from the race on the internet.

I have read and fully understand the above assumption of risk and waiver and release of all claims.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

(If participant is under 18)