

AGES 7-ADULT

New Lenox Community Park District

# Proud American Days Fun Run

Sun., July 31, 2011~Race Starts at 9:00am  
Village Of New Lenox Performing Arts Pavilion

**Sponsored by:**



**NEW DAY**

### Mail or Drop-Off or Fax-In

Your entry to:  
New Lenox Community Park District  
One Manor Dr.  
New Lenox, IL 60451  
Fax# (815-485-3589)

If you currently have an on-line account with us, **you may register on-line.** If not, ask how to get a household on-line account by calling 815.485.3584 for more information.

**RAFFLES and REFRESHMENTS after race.**

### Entry Fee

Pre-Registered (by Wed., July 20) \$20.00  
Register on Race Day: \$25.00  
Registration begins at 8:00am on race day.

**\$5 per runner will be donated to the Armed Forces.**

### Course

This 3.106 mile run welcomes new runners and experience runners. This fun run will have an electronically-timed clock for your own personal records. **No awards will be given out.**

**T-SHIRT for each paid participant!**

NAME: \_\_\_\_\_ PHONE:( ) \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

APPLICANTS E-MAIL ADDRESS: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**T-shirt Size (circle one)**  
(Paying Participant Only)

Adult S   Adult M   Adult L   Adult XL   Adult XXL

### New Lenox Park District Waiver & Release Of All Claims

Please read carefully and be aware that in registering yourself or your minor child (ward for participation in the programs), you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the Full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as 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 New Lenox Community Park District and its officers, agents, servants and employee as a result of participants or the participation of my child/ward in any of the program(s). I further agree to indemnify and hold harmless and defend the Park District an its officers, agents, servants and employees from any and all claims resulting from injuries, damages, loss sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any or the program(s). I have read and fully understand the Program Details and Waiver and Release of All Claims.

\_\_\_\_\_  
Mandatory signature of participant, parent, or legal guardian   Date

\_\_\_\_\_  
Mandatory signature of participant, parent or legal guardian   Date

For more information please call 815.485.1737.

OFFICE USE ONLY: #17202-A1  
Initials: \_\_\_\_\_

### PLEASE CIRCLE PAYMENT TYPE:



BILLING ADDRESS ZIP CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

ADDRESS CITY/STATE

AMOUNT OF CHARGE: \$ \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

*(The NLCPD reserves the right to change a payment to reflect the correct fee.)*