Prairie View 5K Run/Walk
Sunday, April 19
8:05am
Prairie View Park

Runners and walkers of all ages can enjoy this USATF Certified Course (IL-01109-JW). Check-in is at 6:45am. T-shirts will be guaranteed to all pre-registered participants. All participants receive entry into post race food tent. The 5K Run starts at 8:05am. Awards will be given to the 3 top male and female finishers in each category and top male and female finishers overall. The 5K Fun Walk starts at 8:10am. This is a non-competitive walk. All walk participants will receive a number and award.

PV Team Masquerade Walk: Get a group of 4 together, sign up for the Prairie View 5K Walk and get a special pre-registration team rate of $60. That's a $4 savings per person. So get creative and take a healthy walk on Sunday, April 19th. This special offer is only for participants of the 5K Walk. You must register your team by noon on Saturday, April 18th. The Morton Grove Park District will be giving a prize to the best dressed group.

OFFICIAL PRAIRIE VIEW RUN/WALK ENTRY FORM

To participate in the 5K Run or Fun Walk, please complete this registration form. One form per participant. You can drop off or mail your form to Morton Grove Park District, 6834 Dempster Street, Morton Grove, IL 60053. You can also register on-line at www.mortongroveparks.com. If you are pre-registering you may fax your form to 847-965-4115 with your credit card information. However, on race day we will only accept payment in the form of a check or cash.

Race #_____
Walker or Runner (Please circle)
For Office Use Only

_____ _____ _____
First Name Middle Initial Last Name

_____
Street Address

_____ _____ _____ _____ _____ _____
Town or City State Zip Sex Date of Birth Age as of 4/19/09

_____ _____
Home Phone Work Phone

_____
email address

☐ Runner $19 (prior to Race Day) ☐ Walker $19 (prior to Race Day) ☐ Runner $25 (Race Day) ☐ Walker $25 (Race Day)

☐ Team Walk $15 per team member (prior to Race Day) All 4 participants must submit their registrations together.
You must register your team by 12 noon on Saturday, April 18th. No race day registration will be accepted.

Note: You can save $1 if you register on-line for this race. Last day to register on-line is Wednesday, April 15th by Noon.

Total Payment $_____ *Please make check payable to Morton Grove Park District.*
Method of Payment Enclosed: ☐ Check ☐ Master Card ☐ Visa ☐ Discover ☐ Cash

Card#_____ Exp. Date_____ Signature_____

Please circle 5K Run/Walk T-Shirt Size: Youth Sizes: 10-12 14-16 Adult Sizes: S M L XL XXL

WAIVER & RELEASE OF ALL CLAIMS
"As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs."
"I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees."
"I know that running or walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road."
"I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program."
"I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program."

I have read and fully understand the above Program Waiver & Release of all Claims.

Participant: _____ Date: _____
(Guardian if participant under 18 years)

FOR MORE INFORMATION PLEASE CALL 847-965-1200