

2nd Annual Citizen Soldier 5K Trail Run

August 25, 2007 at 8:00 am
Tabor Park, Sullivan, Illinois



For more information, check the website at
<http://www.angelfire.com/planet/citizensoldier5k>

Last Name _____ First Name _____ Birth Date _____

Address _____ Age on Race Day _____

City/State/Zip Code _____ Gender: Male Female

Daytime Phone _____ Evening Phone _____

Email Address _____

Circle One: 5K Run 1/4 Mile Freedom Fun Run 2 Mile Walk
(Free, for kids 10 and under) (Free - No T-Shirt)

Fee Information:

Fee includes T-shirt Circle Size M L XL

I am enclosing a check for:(check one entry option)

Early Entry: Postmarked prior to August 15, 2007

Race Day Entry: After August 15, 2007 and on race day

_____ \$15 Early Entry _____ \$20 Race Day Entry

* T-Shirts can be purchased for walkers if still available for a fee.

Assumption of Risk and Release of Liability

I know and understand that running a road/trail race is a potentially hazardous activity, and I certify that I am medically able and properly conditioned to participate in this activity. I specifically assume any and all risks associated with running in this event, including but not limited to the potential danger caused by vehicular traffic along the course route, the danger of falling and contact with other participants, the effects of adverse weather, and the condition of the road/trail, all such risks being known and accepted by me. Furthermore, in consideration of my being allowed to participate in this activity, I do hereby release and discharge the State of Illinois, the Illinois National Guard, the City of Sullivan and its police department, race officials and volunteers, and all of their officers, agents and employees, from any and all claims, liabilities, actions, causes of action, or demands of any kind or nature whatsoever which may arise out of or in connection with my participation in this event or in any activities incidents thereto.

I have carefully read this Release and fully understand its contents. I voluntarily sign it and realize that it will bind me, my heirs, and my personal representatives.

Date: _____

Participant Signature

Printed Name

Parent/Guardian must sign below if participant is under 18 years old:

I am the parent or guardian of the minor named above. I hereby make and enter into each and every representation, waiver and release described above on behalf of myself, the minor, and any other parent or guardian of the minor. I represent that I have the authority to make these waivers and releases, that I agree to be bound by the terms and conditions of this document, and that I agree to defend and indemnify any and all persons and entities listed above for any liability whatsoever arising out of the above minor's participation in this event.

_____ Date

_____ Parent/Guardian Signature

_____ Printed Name

Make Checks Payable to
HHC 634th BSB

Mail completed form, signed release and check to:
Citizen Solider 5K
1400 N Main Street
Sullivan, IL 61951

Detach form and return with. Entry form may be photocopied.