



2nd ANNUAL INK 5K

Thursday, JUNE 4TH 2015

Check in 5pm / Race 6:30pm

REGISTRATION FORM

Complete this form and mail it or drop in (drop box by the front door)

Isa Kranz Foundation

10310 N Clark Rd

Richmond, IL 60071

******Please submit a separate form for each participant******

******Include all "Family" registration forms together******

******Register before May 15th to help us guarantee your t-shirt******

Name _____

Street Address _____

City _____ State _____

Zip Code _____ Phone # (_____) _____ - _____

Email _____ @ _____ Age _____ (under 5 free)

\$ _____ Individual registration \$15

\$ _____ Family registration (limit 5 individuals) \$50

\$ _____ Additional children for family (\$10 per additional child) \$10

\$ _____ Additional donation amount

T-shirt size (circle one) CHILD: **small medium large**
T-shirt size (circle one) ADULT: **small medium large XL XXL**

Total Registration \$ _____ (write "family" if payment is recorded on another form)

Paid by (circle one) Check Cash PayPal on our website

(For PayPal, use the "DONATE" Button. Type, "INK 5K Registration" after checking "special instructions" box on second page)

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR THE VILLAGES OF RICHMOND AND SPRING GROVE RECREATIONAL DEPARTMENT

Please read this form carefully and be aware that in signing up and participating in villages of Richmond and Spring Grove recreational department programs you will be waiving and releasing all claims for injuries arising out of the programs, that you or other named participants might sustain. The term "I", "me" and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs you are agreeing as follows: Participant Name: (listed above) Program Name: INK 5K
As a participant in these programs, I recognize /acknowledge that there are certain risks of physical injury, and I agree to assume full risk of any injuries, damages or loss which I may sustain as a result of participation in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exercise or potential body contact are hazardous recreational activities and involve substantial risk of injury.
I agree to waive and relinquish any and all claims I may have as a result of participating in these programs and against the Villages of Richmond and Spring Grove and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this agreement.
I do, hereby fully release and discharge the Villages and the other released parties from any and all claims for injuries, damage or loss, which may have or which may accrue to me on account of my participation in these programs.
I further agree to indemnify, hold harmless and defend the villages and any and all other released parties, from any and all claims resulting from injuries, damages, losses sustained by anyone, and arising out of or connected with, or in any way associated with conduct and the activities of these programs.
I further understand and agree that the terms such as "participant", "programs" and "activities," referred to in this agreement, included all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instruction or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events.
I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advertisement or warnings of the particular risk of these programs that I subsequently receive will be introduced by reference into and become part of this agreement.

Signature (signature of parent or guardian if participant is under 18 years old)

Date

www.isakranzfoundation.com - a registered 501c3 Charitable Organization