

Angels Speak Out 5K

To Benefit Opportunity House

Event hosted by Sycamore Angels Rebekah Lodge

Pre-Registration Form

Event Date: Saturday April 28th 2018



Table Registration begins at 9 and the walk will begin at 10:00. The ANGELS SPEAK OUT FOR AUTISM 5K event is to promote Autism awareness and benefit Opportunity House located in Sycamore. Event participants will be provided a map of the route and their shirt at the registration table prior to the walk.

We sincerely look forward to seeing you there!

Please Submit One Registration Form Per Participant

(Please photocopy as needed)

Participant Name: _____ Address _____

City, State, Zip: _____ Phone: _____

E-mail address: _____ AGE on day of walk _____

T-SHIRT SIZE S M L XL XXL (please circle)

****If you are in need of a larger shirt please indicate size _____**

NOTE: SHIRTS ARE PROVIDED TO PRE-REGISTERED PARTICIPANTS.

We cannot guarantee that those registering on site April 28th will receive a shirt or correct size. But we will have extras and we'll do our best!

THIS IS A RAIN OR SHINE EVENT!

Individual pre-registration \$20.00 On-Site Registration \$25.00

Children age 8-15 \$12.00 Children age 7 and under walk free

Pre-registration payment and completed form must be received by April 18th!

Please make check payable to: Sycamore Angels Rebekah Lodge

MAIL TO: 131 Sabin St Sycamore Il. 60178 Attn: Angels Speak Out

Please direct questions to **Luanne Fuller 815-995-7866** sycamoreangelluanne@yahoo.com, **Katy Schertz 815-751-6635** or email **Katy** at sycamoreangelkaty@yahoo.com.

Waiver and Release Statement- All participants must read and sign

I, (sign below) Herein referred to as PARTICIPANT hereby release, waive, discharge and covenant not to sue the Independent Order of Oddfellows, Sycamore Angels Rebekah Lodge or anyone else associated and herein referred to as RELEASEES for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the running/walking activities. I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of RELEASEES or the negligence of any third party. I further agree that this release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, If I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily. I further grant full permission for the above sponsors to use any photographs of the event for any reasonable purpose.

Signature of Participant _____ Date _____