"This Run's For Jack"

SAME DAY OR MAIL-IN Entry Instructions:

One (1) entry form per person. All entries must have signed waivers. No Refunds. Make checks payable to JACK'S FUND.

Please return form to: Jack's Fund, PO Box 436, Glen Ellyn, IL 60138.

Or use on Race Day Morning for walk-up registration $\underline{\textbf{REGISTRATION INFORMATION}}$

Last Name:	First Name		
Address:			
City	State	Zip	
Phone #			
Sex MF Birth Dat	te	Age on	race day
Email			
5k Run 5k Walk	ζ	(walkers do n	ot receive timing tag)
All entries received by October 1st are guaranteed a T-Shirt			
Shirt Size: ADULT S M	L XL	XXL // YOUTH S	M
Emergency Contact:			Phone:
ENTRY FEE Entry into this race is by individual or family donation. Your donation directly supports important Jack's Fund programs. Individual or Family Donation Amount Family/Group Name is			
Waiver and Release Waiver and Release In consideration of acceptance of this entry, I claims for damages I may have against the Glucessors, assigns and employees, USATF, or representatives, successors, assigns, shall be participating in said event; and held harmless with running this route, including cancellatio participate in this event and I attest and verifithe foregoing to use any photograph and/or verification. Signature (Parent or Guardian if un	en Ellyn Park Dirganizers and spheld harmless fs for any and all n of event due ty that I am physicideo of the eve	istrict, the Village of Glen El consors, individuals associa or any injury to persons an injuries suffered by me in to dangerous weather. I furt sically fit. Further, I hereby nt for promotional purpose	lyn, the County of DuPage and its ated with the event, their d/or damage to property for the risk and potential risk associated ther declare that I am in good health to grant full permission to any and all of
Signature (rarent or Guardian II un	iuer 10 years	9);	Date: