

City of Litchfield 17th Annual **5K Freedom** Fun Run/Walk Saturday, June 29, 2019

YOUTH (Under 18) REGISTRATION AND INFORMATION

Time:	Race begins at 7:30 a.m.
Course: through the sce	Starts at Picnic Area #3 at Lake Lou Yaeger in Litchfield, IL (for GPS use– 1 Primitive Lane) and winds enic lake area. Two water stops; course marshal at all intersections. The race will be electronically timed.
Registration &	Deadlines:

To guarantee race swag, sign up by Tuesday, June 18, 2019 \$25 - Pre-registration cutoff date- Wednesday, June 26, 2019**

\$30 - Race day registration, 6:30 AM—7:15 AM (swag not guaranteed)

Packet Pick-up: Friday, June 28, 9am—4pm, Tourism Office at City Hall, 120 E Ryder St. Saturday, June 29, 6:30—7:15am, Race Site

Awards: Medals to top three male and female in each of the following age groups:

♦ 10-14 **♦** 20-24 ♦ 30-34 40-44 9 and 50-54 60-64 70 and under over **♦** 15-19 **♦** 25-29 35-39 45-49 55-59 65-69

All youth 14 and under receive a finishers ribbon

Results: Results will be posted at www.mmmultisport.com

Notes: Deadlines firm. Run rain or shine. No refunds will be given. Shirts and awards will not be mailed.

Keep this portion for your records.

Please print clearly: YO L	JTH (Under 18) REGIS	TRATION FORM		
Youth's Full Name			Sex: M [] F [] Date of Birth: Age on race day: T-shirt size:	
Address		· · · · · · · · · · · · · · · · · · ·	[]Adult Small []Adult Large	[] Adult Medium [] Adult X-large
City	State	Zip	Phone:	
Email address				
I am/We are aware that personal i any and all risk of injury, death or pure ties, and for the use of their facility prosecute the City of Litchfield, a occurring to my/our son/daughter signed release(s) and discharge(s)! sentatives or assigns, now or in the utees, guardians, legal representations, employees, and sponsors, a causes of action by whomsoever recessary expenses or becomes ob	njury may occur to my/our son/daught property damage. The undersigned as the dby the sponsors of the LITCHFIELD FRI ies for same, I/we agree that my/our himunicipal corporation, or any of its affias a result of participation in said FUN the City of Litchfield and its affiliated orge future, may have for any injury, death its and assigns, that in the event that a the undersigned will indemnify and nade and whatsoever presented. If the	er. My/Our son/daughter is an enatural parent(s) and nature EEDOM FUN RUN/WALK and eirs, distributees, guardians, liliated organizations, employed an exployed an exployed an exployed an exployed and sponsors, from or property damage resulting any claim for personal injury, save harmless the City of Litt City of Littchfield, its affiliated the undersigned agrees to reinter the second of the control of the con	voluntarily participating in these activitial guardian(s) of said son/daughter, sign its affiliated organizations to allow the pegal representatives and assigns will not ees, members, or sponsors of said FUN by the negligence of the City of Litchfiel nall actions, claims or demands that I/w g from participation in said activities. I/\ death or property damage will be prosechifield and its affiliated organizations, et d organizations, employees, and sponsor imburse the City of Litchfield, its affiliated.	valk to take place on the 29th day of June, 2019. es with knowledge of the danger involved and assuming this agreement with the same understanding. participation of my/our son/daughter in the above activiting the make any claim against, sue, attach the property of, or I RUN/WALK for any injury, death, or property damage Id and its sponsors or otherwise. In addition, the underwe and my/our heirs, distributees, guardians, legal reprewe agree for myself/ourselves and my/our heirs, distributed against the City of Litchfield, its affiliated organizamployees and sponsors from any and all such claims or so, in the enforcement of any part of this Release, incurs dorganizations, employees and sponsors for the expens-
Further, I grant full permission for t	he free use of my son/daughter's name	and/or any photographs, vide	eotapes, or any other record of this even	t for legitimate purposes.
	use and fully understand its contents. I, and sponsors, and am signing of my/ou		s a release of liability and a contract bet	ween myself/ourselves and the City of Litchfield, and its
Dated thisday	of	Parent/Guardian Sigi	nature	Parent/Guardian Printed Name
	Return form and check payab	ole to: City of Litchfield 1	Fourism Office, 120 E Ryder, Litch	field, IL 62056