Youth FREEDOM FUN RUN

City of Litchfield

18th Annual

5K Freedom Fun Run/Walk

Saturday, July 4, 2020

YOUTH (Under 18) REGISTRATION AND INFORMATION

Time: Race begins at 7:30 a.m.

Course: Starts at Picnic Area #3 at Lake Lou Yaeger in Litchfield, IL (for GPS use– 3 Primitive Drive) and winds through the scenic 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 16, 2020****

$25 - Pre-registration cutoff date- Wednesday, July 1, 2020**

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

Packet Pick-up: Thursday, July 2, 9am—4pm, Tourism Office at City Hall, 120 E Ryder St.
Saturday, July 4, 6:30—7:15am, Race Site (Lake Lou Yaeger Picnic Area 3)

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

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

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: **YOUTH (Under 18) REGISTRATION FORM**

_____
Youth's Full Name

_____
Address

_____
City State Zip

_____
Email address

Sex: M ☐ F ☐ Date of Birth:_____
Age on race day: _____

T-shirt size:
☐ Adult Small ☐ Adult Medium
☐ Adult Large ☐ Adult X-large

Phone: _____

The undersigned, residing at (City, State)_____ being the natural parent(s) of, and the natural guardian(s) of _____, acknowledge that I/We am/are allowing my/our son/daughter to participate in an activity known as the Litchfield Freedom Fun Run/Walk to take place on the 4th day of July, 2020.

I am/We are aware that personal injury may occur to my/our son/daughter. My/Our son/daughter is voluntarily participating in these activities with knowledge of the danger involved and assuming any and all risk of injury, death or property damage. The undersigned as the natural parent(s) and natural guardian(s) of said son/daughter, sign this agreement with the same understanding.

In consideration of being permitted by the sponsors of the LITCHFIELD FREEDOM FUN RUN/WALK and its affiliated organizations to allow the participation of my/our son/daughter in the above activities, and for the use of their facilities for same, I/we agree that my/our heirs, distributees, guardians, legal representatives and assigns will not make any claim against, sue, attach the property of, or prosecute the City of Litchfield, a municipal corporation, or any of its affiliated organizations, employees, members, or sponsors of said FUN RUN/WALK for any injury, death, or property damage occurring to my/our son/daughter as a result of participation in said FUN RUN/WALK , whether caused by the negligence of the City of Litchfield and its sponsors or otherwise. In addition, the undersigned release(s) and discharge(s) the City of Litchfield and its affiliated organizations and sponsors, from all actions, claims or demands that I/we and my/our heirs , distributees, guardians, legal representatives or assigns, now or in the future, may have for any injury, death or property damage resulting from participation in said activities. I/We agree for myself/ourselves and my/our heirs, distributees, guardians, legal representatives and assigns, that in the event that any claim for personal injury, death or property damage will be prosecuted against the City of Litchfield, its affiliated organizations, employees, and sponsors, and the undersigned will indemnify and save harmless the City of Litchfield and its affiliated organizations, employees and sponsors from any and all such claims or causes of action by whomsoever made and whatsoever presented. If the City of Litchfield, its affiliated organizations, employees, and sponsors, in the enforcement of any part of this Release, incurs necessary expenses or becomes obligated to pay attorney's fees or costs , the undersigned agrees to reimburse the City of Litchfield, its affiliated organizations, employees and sponsors for the expenses, attorney's fees or costs incurred by the City of Litchfield, its affiliated organization, employees and sponsors.

Further, I grant full permission for the free use of my son/daughter's name and/or any photographs, videotapes, or any other record of this event for legitimate purposes.

I/We have carefully read this Release and fully understand its contents. I/We am/are aware that this is a release of liability and a contract between myself/ourselves and the City of Litchfield, and its affiliated organizations, employees and sponsors, and am signing of my/our own free will.

Dated this _____day of _____ _____ _____
Parent/Guardian Signature Parent/Guardian Printed Name

Return form and check payable to: Litchfield Tourism Office, 120 E Ryder, Litchfield, IL 62056