

City of Litchfield 18th Annual

	EEDOM FUN	Adult RUN	Fun Ri	reedom un/Walk July 4, 2020
	ADULT (18 and ov	er) REGISTRAT	TON AND INFO	RMATION
Time:	Race begins at 7:30 a.m.			
<u>Course:</u> through the sce				e– 3 Primitive Drive) and winds ace will be electronically timed.
\$25 - F	Deadlines: Jarantee race swag, sign up Pre-registration cutoff date— W Race day registration, 6:30 AM	ednesday, July 1, 20	20**	
Packet Pick-up	o: Thursday, July 2, 9am—4pr Saturday, July 4, 6:30—7:1			
♦ 9 and under	als to top three male and female ↑ 10-14 ↑ 20-24 ↑ 15-19 ↑ 25-29 th 14 and under receive a finis	 → 30-34 → 35-39 → 4 	owing age groups: 40-44	◆ 60-64
***Keep this po	nes firm. Run rain or shine. rtion for your records.		given. Shirts and awa	ards will not be mailed.
Please print clearly	: ADULT (18 and Over) REC	SISTRATION FORM	Sex: M[] F[]	Date of Birth:
Full Name		· · · · · · · · · · · · · · · · · · ·	T-shirt size : [] Adult Small [] Adult Large	Age on Race Day:
Address				[] Adult Medium [] Adult X-large
City	State	Zip	Phone:	
administrators and a City of Litchfield Fun the event, their reproperties on compete in this even enforce this agreement fees and costs incurred Further, I grant full p	Run/Walk to be held on the 4th day of Justinesentatives and agents, including, but not it. I further state that in the event it becent, that the undersigned shall reimbursed. Determission for the free use of my name at this release and fully understand its continuous.	im and rights I may have for uly, 2020. This release is spe of by way of limitation, the Ci comes necessary to incur any e the sponsors heretofore na and/or any photographs, vide	any injuries or damage I may si ecifically meant to release all sa ity of Litchfield. I specifically sta expenses or become obligated med for all expenses, including otapes, or any other record of	ustain as a result of my participating in the id claims as they relate to the sponsors of ate that I am physically fit and am able to I to pay any attorney fees or costs to but not by way of limitation, attorney this event for legitimate purposes.

Signature Date **Printed Name**

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