

# ERIC ELIAS FOUNDATION

**5K Run/Walk Saturday, October 6, 2007 9am**

Name \_\_\_\_\_ CARA Member # \_\_\_\_\_

Address \_\_\_\_\_  5K Run  2.5K Walk

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Gender \_\_\_\_\_

Cost per registrant: \$10 before July 31, \$15 before Sept 12, \$20 after Sept 12 T-shirt Size  Med  Large  X-large

CARA Members receive \$3 discount (list member number). Make check or money order payable to

Waiver "Eric Elias Foundation" and mail with form to: Eric Elias Foundation, PO Box 737, Park Ridge, IL 60068

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against The Eric Elias Foundation, its affiliates, their agents, employees, officers, directors, successors and assigns, the Event Management Company, Inc., the City, the Park District, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Eric Elias 5k run/walk and any pre- and post- event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Signature of Participant or Guardian if participant is under 18.

Date \_\_\_\_\_

