

RUN FOR

Riah's Rainbow...

At the Illinois College Track on the corner of
Park Street and Edgehill Road • Jacksonville, IL

SATURDAY, MAY 1 • 5 P.M.

RACE • FOOD • BAND • FUN!

The band, **Planet Boogie**, will perform from 7-11 p.m.
Adult refreshments will be available for purchase.
There will be an arts & crafts table for the kids.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

DATE OF BIRTH ___/___/___ AGE ON RACE DAY _____ MALE FEMALE

EMERGENCY CONTACT _____

PHONE _____ RELATIONSHIP _____

SPECIAL NEEDS (EXPLAIN) _____

5K FUN RUN T-SHIRT SIZE (ADULT SIZES ONLY) XS S M L XL

COST FOR RACE IS \$10+ART SUPPLY DONATION FOR PRE-REGISTERED RACERS AND \$15+ART SUPPLY DONATION ON DAY OF RACE.

CASH CHECK

PLEASE MAKE CHECKS PAYABLE TO: RUN FOR RIAH'S RAINBOW

**MAIL TO: 639 S. DIAMOND STREET
JACKSONVILLE, IL 62650**

Read carefully before signing the acknowledgement below.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to participate in the Riah's Rainbow 5K - sponsored and operated by Illinois College, - EACH OF THE UNDERSIGNED, for himself/herself, his or her personal representatives, heirs, and next of kin:

1. HEREBY WARRANTS AND REPRESENTS that: (i) he or she understands that the particular activities which he or she may undertake may involve, for example, adverse weather conditions, vigorous physical exercise, including by way of example running, walking, jumping, tripping, falling, and/or physical contact with others (the Activities); (ii) he or she understands that the Activities may or may not be supervised; (iii) he or she understands that Illinois College is not a health care provider and emergency care may not be immediately available in the event of an injury or health event during the Activities; and (iv) he or she is in sufficient physical condition and is physically able to undertake all the Activities and to participate in the Activities; has no disability, impairment or ailment preventing him or her from active or passive exercise, or that will be detrimental to his or her health, safety, comfort or condition if he or she does so engage or participate.

2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Illinois College or any subdivision, subsidiary, or affiliate thereof, and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as Releasees, FROM ALL LIABILITY, TO THE UNDERSIGNED, his or her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE ACTIVITIES OCCURRING WHILE PARTICIPATING IN THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES).

3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST he or she or his or her minor child - may incur arising out of or related to THE ACTIVITIES WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES).

4. HEREBY ACCEPTS THE RISK AND ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to THE ACTIVITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES), and furthermore acknowledges, pursuant to the recreational activities statute, Wis. Stat. § 895.525, that he or she has a responsibility to act within the limits of his or her ability, to heed all warnings regarding participation in the recreational activity, to maintain control of his or her person and any applicable equipment or devices, and to refrain from acting in any manner that may cause or contribute to death or injury for himself or herself or to other persons.

5. HEREBY acknowledges that prior to signing this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, he or she had the opportunity to contact a representative of Illinois College to discuss and/or bargain regarding any of the terms set forth herein.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

You must agree to the waiver to participate

Signature of Participant (or Parent/Guardian for participant under 18 years of age) _____

Please Print Name: _____ Date _____