

Early Registration Fee (shirt): \$15

By Wednesday, February 1, 4:30PM

Registration Fee (no shirt): \$10

After Wednesday, February 1-race day (accepted 2:00-2:45PM)

Register: Campus Recreation Office, 8:00AM-4:30PM, Monday-Friday, or the McDonough County YMCA during operating hours.

Registration accepts cash or checks only; checks payable to WIU Campus Recreation.

Monetary donations will be accepted; checks payable to McDonough County YMCA.

Check in: MAC Gym in the Spencer Student Recreation Center.

Race begins: 3:00PM outside the SOUTH entrance of the Student Recreation Center MAC Gym.

Contact: Nick Knowles | (309) 298-1228 | NS-Knowles@wiu.edu

Release and Waiver of Liability

I, the Undersigned, understand that there are certain dangers, hazards, and risks inherent to this activity, which also could include serious or even mortal injuries and property damage, and that Western Illinois University does not assume responsibility for any such personal injuries or property damage.

In consideration of the opportunity to participate, I agree to assume all risks and responsibilities surrounding participation in the activity, and in advance, release and forever discharge, waive, and covenant not to sue Western Illinois University, its Board of Trustees, employees, and/or any students acting as employees in their official and individual capacities, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which Participants may have or which may hereafter accrue to the Undersigned, arising out of or related to any loss, damage, or injury, including but while in, on, or upon the location where the activity occurs or is being conducted. I further state that I have sufficiently trained for and am in proper physical condition to participate in this event. My signature below represents my acknowledgement of risks and my voluntary agreement to these terms.

I further grant authorization for the free use of my name and/or photographs, video tapes, motion pictures, or recordings of my participation in the event.

Signature

Printed Name

Date

I am the parent or legal guardian for the minor participant (under the age of 18) named on the front of this registration, form, and I voluntarily agree to the aforementioned release and waiver of liability on behalf of said minor participant.

CAMPUS RECREATION OFFICE USE

DATE _____ TIME _____ REGISTRATION # _____

ADDITIONAL DONATION \$ _____ TOTAL \$ _____ RECEIPT # _____