



# 6th Annual 5K Walk/Run

## Celebrate Heroes

## Fighting Childhood Cancer

### September 23, 2017

### 8:00 am

**What:** 5K Walk/Run or 1 Mile Fun Walk  
**Where:** Drost Park Pavilion 1 - 8 Schiber Ct. Maryville, Illinois (Rain or Shine)  
**When:** SATURDAY, September 23 2017 Registration begins at 7:00 am  
**Entry Fee:** \$25 per person ( \*\*\*\$30 on race day \*\*\*)

**INCLUDES EVENT T-SHIRT AND FINISHER MEDAL**  
**Trophy awarded to top male and female finisher, overall and in each age group.**  
**Timing by Toolen's Running Start - Awards after the race**  
**All proceeds benefit Kellsie's Hope Foundation**  
**Register online: [www.kellsieshopefoundation.com](http://www.kellsieshopefoundation.com)**

Name \_\_\_\_\_ Shirt size S M L XL Adult/Child

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Make Check payable to Kellsie's Hope (may register online or mail form to PO Box 331 Maryville, IL 62062)

WAIVER, RELEASE, AND INDEMNIFICATION FORM- In consideration of my acceptance of my entry in the Kellsie's Hope 5K

1. I agree to abide by all rules and regulations of the Kellsie's Hope 5K and Drost Park.
2. I agree to abide by the instructions of the race director and volunteers conducting the Kellsie's Hope 5K.
3. For myself, my administrator or executor, my estate, and my heirs I hereby:  
 Waive and release my claims I have against Kellsie's Hope 5K, Kellsie's Hope Foundation and its founders, the Village of Maryville, the Illinois Department of Natural Resources, Toolen's Running Start, and the State of IL for all claims arising from my participation in this race or from the conduct of the race, including all claims for damages, including costs of suit and attorney's fees.
4. Indemnify and hold harmless the Kellsie's Hope Foundation and its founders, Toolen's Running Start, and the State of Illinois and their agents, employees, or volunteers for any claim that I may have or that any claim that my guests may have, or any claim that my estate, heirs, administrator or executor may have. I hereby attest and verify that I am physically fit and have sufficiently trained for this competition and that a licensed medical doctor have verified my physical condition.
5. I hereby acknowledge that participation in the event carries with it potential hazard. I therefore, release the Kellsie's Hope 5K, Kellsie's Hope Foundation and its founders, the Village of Maryville, the Illinois Department of Natural Resources, Toolen's Running Start, and the State of Illinois of any liability in the event of injury or death during the event.
6. I hereby consent to receiving medical treatment, which may be deemed advisable in the event of injury, accident, or illness during the event.
7. I understand that no refunds will be given.
8. I grant permission to Kellsie's Hope Foundation to use photographs or video of me taken during the event for any purpose.

Signature (Parent's Signature if under 18 yr) \_\_\_\_\_ Date \_\_\_\_\_