

1st annual
Grant
iLLini
 District 110  **5K**
 RUN/WALK

ALL PROCEEDS WILL SUPPORT
 DISTRICT 110 EDUCATION FOUNDATION

SATURDAY, MAY 15 at 8:00 a.m.
GRANT MIDDLE SCHOOL
FAIRVIEW HEIGHTS, ILLINOIS

- Location:** Grant Middle School, 10110 Old Lincoln Trail, Fairview Heights, Illinois 62208
- Course:** The 5K (or approximate 3.1 mile loop) course will run from Grant School, loop on South Road and will end at Grant School.
- Cost:** \$20 dollars if postmarked before May 8th. \$25 after May 8th and on race day.
 *Cost for Grant/Illini students is \$5. Must be at least 13 years of age to participate in 5K.
- Divisions:** **Awards will be given to the top male and female finishers overall and the top 3 in the following age groups: 14 & Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 and over.**
- Packets:** Packet pick-up from 6:30am-7:45am on race day.
- Parking:** Parking is available at Grant Middle School
- T-Shirts:** All participants will receive a short sleeve T-Shirt while supplies last.
- Children's Fun Run:** A ½ mile "Fun Run" for all children wanting to participate will start at 9:30a.m. Cost: \$5 dollars. (A medal will be awarded to all participants)



one ENTRANT PER REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: M F Age on 5/15/2010: _____ Phone: (____) _____

Events (circle one): 5K Walk 5K Run Fun Run (kids 12 and under)

T-shirt Size (circle one): S M L XL XXL Youth M Youth L

Please enter Fee Enclosed: \$ _____ I am not able to participate, but willing to donate: \$ _____

Waiver of Liability: In consideration of the acceptance of my registration to participate in said program, I agree to indemnify and save harmless Grant CCSD #110, its agents, servants, and employees, from and against any and all damages arising from injuries to persons or damage to property occasioned by any acts or omissions of participant, its agents, servants, or employees, in defense of any claim, action or suit, irrespective of any claim that an act, omission or negligence of the school or its agents, servants, or employees contributed to such injury or damage. I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and I acknowledge that I am physically fit and sufficiently trained to participate in the event. I also waive my right to any photographs that may be taken to publicize school activities.

Signature: _____ Date: _____

(parent or guardian if under 18 years of age)

Please mail to: Grant CCSD #110
 Attn: Education Foundation
 9950 Bunkum Road
 Fairview Heights, IL 62208

Please make checks payable to: Grant CCSD #110