



August 11th 2017
Citizens Park
Barrington IL 60010

Start Times:
5 PM - Registration
6 PM - 5k Run/Walk

Proceeds of the 2017 race will support WINGS organization, home to the largest domestic violence housing agency for women in children in the state of Illinois, located in Rolling Meadows, IL.

Please mail or drop off to: 624 South Division St, Barrington IL 60010

Questions? - Call- (847)-525-1708 or email: thepush4power@gmail.com

First Name: _____

Last Name: _____

Address: _____

Age: _____ Phone _____ E-Mail _____

Sex: Male / Female \$20 Run/Walk by Aug 1st \$25 *after Aug. 1st*

Event (circle one): 5K Run 5K Walk T-Shirt Size: S M L XL

Optional Additional Donations: \$_____ for **WINGS**

Total money enclosed \$_____ Make checks payable to: **WINGS**

Waiver (Must be signed)

Whereas, the undersigned desires to participate in the **Push 4 Power** (hereinafter the "Race") and understands that running and/or walking a race is a potentially hazardous activity. I declare that I am medically fit enough to participate in the Race and that I assume all risks associated in running and/or walking this event. I assume full responsibility during and after the **Race** for my choice to participate and

(Please Print), I, _____, understand and affirm that participation is at my own risk, and I hereby for myself, heirs, executors, and administrators waive any and all claims I may have against the Push 4 Power Run, their officials, subsidiaries, affiliates, agents, organizers, sponsors and volunteers, for any and all liability for bodily injury or any other damage or loss that I may suffer as a result of my participation in the **Race**, including pre and post-race activities. I realize that this release is complete and absolute and that this release constitutes a complete waiver of any claim, which I might otherwise possess as a result of any accident, injury, or property damage and the consequences thereof in connection with this **Race**. I understand that this release is a condition to participate in the **Race**.

Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____
(If entrant is under the age of 18)