



August 21st 2016  
Run the Streets of Barrington  
Barrington IL 60010

Start Times:  
8 AM - Registration  
9 AM - 5k Run/Walk

Proceeds of the 2016 race will support Misericordia Heart of Mercy, a home with support services for people with developmental disabilities, located in Chicago, IL.

Please mail or drop off to: 23507 N. Summit Dr. Barrington IL 60010

Questions? - Call- (224)-210-3497 or email: [chilidumprun@att.net](mailto:chilidumprun@att.net)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Sex: Male / Female \$30 Run/Walk by Aug 15th  \$35 *after Aug. 15th*

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

Optional Additional Donations: \$\_\_\_\_\_ for Misericordia

Total money enclosed \$\_\_\_\_\_ Make checks payable to: Misericordia

**Waiver (Must be signed)**

Whereas, the undersigned desires to participate in the **Chili Dump Run** (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 Chili Dump Run, BHS Interact, Barrington Rotary, 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)