



FRANK LLOYD WRIGHT RACES

10.22.2017 PARK DISTRICT of OAK PARK ■ 5K 10K YOUTH MILE

FOR MORE INFORMATION OR TO REGISTER ONLINE GO TO WWW.FLWRACES.COM

Please print clearly. Use one form per person, per entry. Copies of this form are acceptable. Race registration will close on October 21 at 1pm or once race reaches 2,700 registered participants. Race registrations are non-transferable. You will be disqualified from race results if participating under false pretenses. Mail/fax form by Sept. 22 to: FLW Races Registration, Park District of Oak Park, 415 Lake Street, Oak Park, IL 60302. Fax: (708) 725-2301

PARTICIPANT INFORMATION Provide your email to receive complete race information in advance

Name (first/middle initial/last): _____ Circle one: Male / Female

Date of Birth: _____ Age (on 10/22/17): _____ Email: _____

Day Phone: _____ Evening Phone/Mobile: _____

Street Address: _____ Apt/Suite # _____

City: _____ State: _____ Zip: _____

Physical Challenges, if any: Visually Impaired Mobility Impaired Hearing Impaired Other: _____

SELECT EVENT & SHIRT SIZE

Prices go up by \$10 per race starting 12am, September 1, 2017

Shirt Size Guaranteed if you register before September 30, 2017

RACE EVENT	ENTRY FEE THRU 11:59PM AUGUST 31	ENTRY FEE STARTING 12AM, SEPTEMBER 1	Youth Mile Shirt Size	5KWalk/5K Run/10K Run Shirt Size
5K RUN	<input type="checkbox"/> \$38	<input type="checkbox"/> \$48	<input type="checkbox"/> Youth S (6-8)	<input type="checkbox"/> Youth L <input type="checkbox"/> Adult XL
5K WALK	<input type="checkbox"/> \$33	<input type="checkbox"/> \$43	<input type="checkbox"/> Youth M (10-12)	<input type="checkbox"/> Adult S <input type="checkbox"/> Adult 2XL
10K RUN	<input type="checkbox"/> \$38	<input type="checkbox"/> \$48	<input type="checkbox"/> Youth L (14-16)	<input type="checkbox"/> Adult M <input type="checkbox"/> Adult 3XL
YOUTH MILE	<input type="checkbox"/> \$23	<input type="checkbox"/> \$33	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult L

Youth shirts are 100% cotton. Adult sizes are softer ringspun cotton/poly blend.

PAYMENT INFORMATION Do not mail cash. Sorry, No Refunds.

Check one: VISA Discover MasterCard American Express Check (enclosed) Cash (in-person)

Card #: _____ Exp Date: _____

Name on Card: _____ Signature: _____

WAIVER Please read this form carefully and be aware that signing up and participating in the Frank Lloyd Wright Races/Walk (hereafter referred to as the "event"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this event. I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this event. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this event against the Park District of Oak Park and the Village of Oak Park, including their respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. I further agree that this agreement shall be governed by the State of Illinois. I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering online, or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPANT'S SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN (if under 18 years old) _____

OFFICE USE ONLY:

Fax Mail-In Walk-In

BIB #