



CNB Oak Forest Fleadh 5K

Saturday, March 3, 2018, 8:30 a.m.

159th Street and Cicero Avenue in Oak Forest

www.raceroster.com/14437

Race Registration Form

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Age (on race day): _____ Birthdate: _____ Sex: M F

E-mail (required): _____

Adult short-sleeve cotton shirt (circle one): S M L XL 2X

Registration Fees: \$30 Pre-register \$25 Pre-register (15 and younger) \$35 Race day

Registration fee includes event T-shirt and goody bag. Runners will be separated according to CARA age group guidelines. Please make checks payable to (no refunds):



Oak Forest-Crestwood Area Chamber of Commerce
15440 S. Central Avenue, Oak Forest, IL 60452

For more details, call 708-687-4600, e-mail kim@oc-chamber.org or visit www.oc-chamber.org.

THIS IS AN IMPORTANT WAIVER OF LIABILITY. READ CAREFULLY BEFORE REGISTERING. In consideration of your acceptance of this entry and other good and valuable consideration the receipt and adequacy of which I hereby acknowledge, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors, and administrators, forever waive, release and discharge any and all rights, claims for damages, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against sponsors, coordinating groups and any individual associated with the Oak Forest Chamber of Commerce's Oak Forest Fleadh 5K (the "event") for any and all injuries suffered by me in connection with said event. I attest that I am physically fit and have sufficiently trained for the completion of the event, and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. No entry will be accepted without an agreed-to Waiver of Liability.

Signature: _____ Date: _____

If under 18, signature of parent/guardian: _____