

Collinsville, Illinois Police Department
3rd Annual 5-0 5K Run/Walk
Saturday, July 29, 2017 @ 8:30AM
To Benefit Special Olympics Illinois
Packet Pick-Up/Registration begins at 7:00AM



**5-0 5K
 PRESENTING
 SPONSOR**



**DONUT STOP
 SPONSORS**



Course: The race will start and finish at the Collinsville Police Department and go through downtown Collinsville. There will be three 'Donut Stops' along the route where participants will have the opportunity to consume a donut. One donut may be consumed at each station for a 1 minute overall time deduction. Eating donuts is not required, but encouraged. This race will test your running speed and ability to eat donuts. Proceeds benefit Special Olympics Illinois.

Registration: \$25 - Advanced registration received by noon July 14, 2017 - Athletic Race T-Shirt guaranteed
 \$30 - Registration received after noon July 14, 2017 - Athletic Race T-Shirt not guaranteed
 ♦ VIRTUAL RUNNER ♦ - \$25 If you cannot make it for the race, but register by July 14, 2017 by noon then you will be guaranteed and mailed an Athletic Race T-Shirt.

Online Registration – Active.Com and search “5-O 5K”

Mail-In Registration – Complete the bottom part of this form and return the entry form, waiver, and money (Checks made payable to: Collinsville Police Department) to:

Collinsville Police Department
 Attn: Ofc. Trent Ross
 200 West Clay Street
 Collinsville, Illinois 62234

Check-In: Packet Pick-Up and Registration at Collinsville Police Department starts at 7:00AM on race day

Awards: Trophies for the Top Overall Female and Male
 Medals for top 3 in each Female and Male age groups – 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, and 60+

Race Coordinator: Ofc. Trent Ross
 Phone: (618) 344-2131 Ext. 5294
 E-Mail – Tross@collinsvilleil.org

All proceeds go to benefit the 22,000 athletes of Special Olympics Illinois

Cut out & mail the official race entry form below with check or cash

OFFICIAL RACE ENTRY FORM – COLLINSVILLE POLICE DEPARTMENT 5K

Last Name _____ First Name _____ Initial _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Day Phone (_____) _____ E-Mail _____ Age on Race Day _____ Male _____ Female _____
 5K Run _____ 5K Walk _____ T-Shirt Size (Circle One): YM YL S M L XL XXL XXXL Amount Paid \$ _____

**SPECIAL OLYMPICS ILLINOIS
 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

In consideration of participating in the **Law Enforcement Torch Run for Special Olympics Illinois ("Activity")**, I represent that I understand the nature of the Law Enforcement Torch Run event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the **Law Enforcement Torch Run for Special Olympics Illinois** event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue **Special Olympics Inc., Special Olympics Illinois**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.
 Printed name of participant _____

 Signature of Participant (only if age 18 or over on Race Day)

 Date

 Signature of Parent/Legal Guardian (If participant under age 18 on Race Day)

 Date