



WALNUT 5K RUN/WALK FOR ALS



WHERE: 323 S. MAIN ST. WALNUT IL
WHEN: SATURDAY, JULY 6TH 8AM
WHY: ALL PROCEEDS DONATED TO ALS
 (LOU GEHRIG'S DISEASE) RESEARCH

LIKE AND FOLLOW FOR RACE DETAILS

- WALNUT 5K WALK/RUN FOR ALS
- @WALNUT5K
- @WALNUT5KALS

SCAN HERE TO REGISTER OR DONATE ONLINE



REGISTRATION
 REGISTER ONLINE AT <https://runsignup.com/walnut5kforals> OR MAIL IN THE FORM BELOW
\$20 IF REGISTERED BY JUNE 28TH
 \$25 TO REGISTER AFTER JUNE 28TH (INCLUDING RACE DAY)

MAIL ENTRY FORM WITH PAYMENT TO: PO Box 141 Walnut, IL 61376
 MAKE CHECKS PAYABLE TO: Running Through ALS LTD



NAME: _____ EMAIL: _____ PHONE: _____
 ADDRESS: _____ DOB: ___/___/___ AGE: _____ SEX: _____
 CITY: _____ STATE: _____ ZIP: _____

DIVISION: WALKING/ RUNNING ON RACE DAY OR PUSHING STROLLER/ WHEELCHAIR
 (CIRCLE ONE)

TSHIRT SIZE: YOUTH S YOUTH M YOUTH L
 (CIRCLE ONE) S M L XL 2XL 3XL

SIGNATURE: _____ DATE: _____
PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 18

EMERGENCY CONTACT NAME: _____ PHONE: _____

Disclaimer : In consideration of the foregoing, I for myself, my executors, administrators, & assignees, do hereby waive, release and discharge ALS organizations, Racing Expectations, volunteers, directors, officials, race/event organizers, sponsors, supporters and other race participants for/of all claims of damages, demands, actions whatsoever to my person or property in any manner growing out of my participation in the Walnut 5K Run/Walk for ALS. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and trained to participate in this event. I grant permission for Walnut 5K to use photographs of me taken at/during this event for promo and media purposes.