

WALNUT 5K RUN/WALK for ALS

Saturday, July 1, 2017 8:00 a.m. 323 S. Main St., Walnut, Illinois

Starting line is in front of Bureau Valley North Jr. High. Check in at park tent south of the school. All proceeds will be donated to ALS (Lou Gehrig's Disease) for research.

RACE FEATURES: RRRR Circuit Event, 3.1 miles, Accurately measured, Bib chip timing, Mile marker clocks, Aid Station, Traffic Control, Refreshments, T-Shirts. Many improvements with state of the art timing equipment!

WALKERS ARE WELCOME & ENCOURAGED TO PARTICIPATE!!

Check-In & Race Day Registration: 6:45-7:45 am, south of BVN school at tent by part shelter. Please arrive early.
Entry Fee: \$15.00 if received by Monday, June 19. \$20.00 after Monday, June 19 up to and including race day.

FACEBOOK Walnut 5K Run/Walk for ALS Like our Facebook page for updates and information.

MAIL PAYMENT TO: Julie Von Holten, 29053 1500 E. St., Walnut, IL 61376.

E-MAIL: walnut5kals@gmail.com **Phone #** 815-303-7726 **Make checks payable to :** Walnut 5K for ALS

Awards: male & Female 1,2,3rd place trophies. Trophies to first male & female Walnut finishers. Medals to 1,2,3rd in age groups: 10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & over.

Timing and results will be provided by a professional road race scoring team. Results will be available after the race is completed and will be posted at www.racingexpectations.com and www.starvedrockrunners.org. Awards will follow. No pets or bicycles allowed. Strollers and wheelchairs are welcome to participate. In case of race cancellation (due to events beyond our control) we thank you for your donation.

NAME _____ Circle one: Male or Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

BIRTHDATE _____ AGE (as of July 1, 2017) _____

Disclaimer: In consideration of the foregoing, I for myself, my executors, administrators & assignees, do hereby waive, release and discharge ALS.TDI, 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 for ALS.TDI". I attest and verify that I have full knowledge of risk 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.

SIGNATURE: _____ DATE: _____

Person to notify in case of emergency: _____ PH# _____

Circle one for T-Shirt: Adult S M L XL 2XL 3XL 4XL / YOUTH MEDIUM