

WALNUT 5K RUN/WALK for ALS

Saturday, July 6, 2019 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: 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 park shelter. Please arrive early.
Entry Fee: \$15.00 if received by Friday, June 21. \$20.00 after Friday, June 21 up to and including race day.

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

Make checks payable to Walnut 5K for ALS. **MAIL PAYMENT TO:** Julie Von Holten, 29053 1500 E. St., Walnut, IL 61376
EMAIL: walnut5kals@gmail.com **Phone #** 815-303-7726

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 Racing Expectations. Results will be posted after the race and online 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.

You can sign up online at runsignup.com. Enter Walnut 5K to find our event!!

NAME _____ **Circle one:** Male Female

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

AGE (as of June 30) _____

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:** _____

*****Parent or Guardian Signature Required if under 18 years of age.*****

Person to notify in case of emergency:

Name: _____ **Phone:** _____

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