



# WALNUT 5K

## RUN/WALK FOR ALS




**JULY**  
**1<sup>ST</sup>**

**WHERE:** 323 S. MAIN ST. WALNUT IL

**WHEN:** SATURDAY, JULY 1ST 8AM

**WHY:** ALL PROCEEDS DONATED TO ALS  
(LOU GEHRIG'S DISEASE) RESEARCH

**LIKE AND FOLLOW FOR RACE DETAILS**

**RUNNING**  
THROUGH ALS



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 23RD**

**\$25 TO REGISTER AFTER JUNE 23RD (INCLUDING RACE DAY)**

MAIL ENTRY FORM WITH PAYMENT TO: PO Box 141 Walnut, IL 61376

MAKE CHECKS PAYABLE TO: Running Through ALS LTD

**RUNNING**  
THROUGH ALS

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

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 from/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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 18\*

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_