



WALNUT 5K

RUN/WALK FOR ALS

LOU GEHRIG'S DISEASE



WHERE: 323 S. MAIN ST. WALNUT IL

WHEN: SATURDAY, JULY 5TH 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 27TH

\$25 TO REGISTER AFTER JUNE 27TH (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:** _____

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.

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

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

SIGNATURE: _____ **DATE:** _____

PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER 18

EMERGENCY CONTACT NAME: _____ **PHONE:** _____