Entry Fee: $15

After August 1, 2009: $20

Please Print

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

e-Mail Address: _____

Sex: M F (circle one) Age on Race Day: _____ Birthday: _____ (Month, Day, Year)

T-Shirt Size (pick up at Fun Run): M L XL (circle one) (size is not guaranteed)

RACE: RUN WALK (circle one)

Waiver:
I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that although police protection will be provided there may be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated in running this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, nor knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators and anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge the Hillsboro officials, volunteers and any and all sponsors including their agents, employees, assigns or anyone acting for or on behalf, for any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever. Applications for minors will only be accepted with a parent's signature.

THE RACE DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY

Entry Fee: $ _____

Donation to MCCA: $ _____

Total Enclosed: $ _____

_____
Signature Date

_____
Signature of Parent (if under 18 years of age)

Make your check payable to:
Montgomery County Cancer Association

Mail our entry to:
MCCA, c/o Bonnie McClean
P.O. Box 218, Taylor Springs, IL 62089