The Villa Park Junior Women's Club

Trick or Trot 5K and Little Devil Dash 1K
Saturday, October 24, 2015

Registration Form

(Please Print)

Participant's Name: _____

Street Address/Apartment #_____City_____ State____ Zip Code_____

Age_____ Sex_____ Phone _____ E-mail _____

If participant is under 18, please indicate parent or legal guardian information below:
Parent or Legal Guardian Name_____

Check here if other contact information is the same. _____
If not, please indicate Parent or Legal Guardian information:

Street Address/Apartment #_____City_____ State____ Zip Code_____
Phone _____ E-mail _____

Event Location: ***The Gazebo on the Prairie Path***
Ardmore Ave & Park Blvd, Villa Park, IL 60181

Please indicate in which event you will participate:

	Early Registration	After October 1, 2015
Individual:		
Run	$25 ____	$35 ____
Walk	$25 ____	$35 ____
Family:	$50 ____	$60 ____
Number of Family Members		
Adults _____	Children under 18 ____	
Kid's 1K:	$10 ____	$12 ____

Total Amount Enclosed: $ _____

Please make checks payable to: The Villa Park Junior Women's Club

Participants registered by Monday, October 5th 2015 will receive a Trick or Trot running T-shirt.

Please circle a T-shirt size: Men's **Medium** Men's **Large** Men's **X-Large**
Women's **Medium** Women's **Large** Women's **X-Large**

Note: Family registration includes 2 T-shirts. Extra shirts can be purchased for $12 each. # Extra Shirts_____ Sizes___
___
___
___

ENTRY DEADLINE for mail-in registration is Friday, October 16, 2015

Please mail entry to:
Villa Park Junior Women's Club
ATTN: Trick or Trot 5K
PO Box 6232 Villa Park, IL 60181

For questions or additional information, please e-mail ***vpjwc5K@gmail.com.***

Trick of Trot 5K / Little Devil Dash 1K Liability Waiver

As a participant in the Villa Park Junior Women's Club Trick or Trot 5K / Little Devil Dash 1K, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I, or my minor child (under18) may have as a result of participating in this event against the Villa Park Junior Women's Club (VPJWC) and its members, the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employers, and volunteers. I further agree to indemnify, hold harmless and defend The VPJWC and its members, the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employers, and volunteers and the County of DuPage, its successors, designees and assigns harmless from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this event.

I give my minor child (under 18) permission to participate in the event, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against The VPJWC and its members, the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employers, and volunteers and the County of DuPage, its successors, designees and assigns harmless for damages and/or injuries which may arise from my child's participation in this event.

I state and verify that I am physically fit and able to participate in the Trick or Trot 5K / Little Devil Dash 1K and I have trained sufficiently for this event. I also state and verify that my minor child (under 18) is physically fit and able to participate in the event. However, in the event that medical treatment is necessary, I give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises, or prior to transport to a hospital for further treatment. I further agree that I will be responsible for payment of any and all medical services rendered. I understand that VPJWC and the Village of Villa Park do not provide medical insurance for event participants.

I agree that any person or entity, including any doctor, or health care provider, may rely on a photocopy of this document the same as if it were an original.

I understand that I may be photographed at the event. I hereby irrevocably grant to the VPJWC and the Village of Villa Park the absolute right and permission to use my likeness for any purpose whatsoever, including commercial advertising.

I have read and fully understand the registration and participation policies. I further understand that any and all registration fees are a non-refundable gift to the Villa Park Junior Women's Club in case of withdrawal on my part or cancellation due to inclement weather.

Participant Signature:_____ **Date:** _____