

GET READY FOR YOUR FALL MARATHON



COMPLETE ENTIRE FORM

Mail completed form and make checks payable to: 20 Miler • 7842 N. Lincoln Avenue, Suite 100, Skokie, IL 60077
For more information visit: www.20Miler.com

PLEASE SELECT A CATEGORY:*

BEFORE MARCH 31: \$25 APRIL 1 - MAY 31: \$30 JUNE 1 - JULY 30: \$35 AUGUST 1 - SEPTEMBER 10: \$40

Packet pick-up & Race Day: \$45.00

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Female Male

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Name: _____ Emergency Phone: _____

Estimated Pace per Mile: _____

Please Select An Arm Warmer Size: (Sizes may vary and are not guaranteed) Small/Medium Large/X-Large

SEPTEMBER 15, 2012 | BUSSE WOODS | ELK GROVE VILLAGE

- Be ready on race day!
- Traffic-free course on the Busse Woods Bike Path
- Wave starts with pace group leaders
- Fully supported with Gatorade, Water & Medical
- Post-run picnic in the park
- **FREE PARKING**

VOLUNTEER

Volunteers are the heart and soul of the run. All volunteers receive a T-shirt, goodie bag and access to the post-race festival. Individuals, families and groups are welcome. To volunteer, call or email: **847-675-0200 x210** or jcain@mychicagoathlete.com

REQUIREMENTS

- You must be able to complete the run at a 15 min. pace or faster.
- You must be at least 17 years of age on race day.
- You must be in good health and physically prepared to take on the challenges of a 20 mile run.
- You must show a photo ID to pick up your race number.
- Race numbers are required in order to participate.
- No BANDITS! Course is not closed.

WAIVER AND RELEASE

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin: 1) HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE 20 Miler, Wisconsin Marathon LLC, its affiliated corporations and charities, the host city(ies), including Elk Grove Village, IL, Cook County Forest Preserve, county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the EVENT(S), together with their officers, directors, shareholders, successors and assigns, premises and event inspectors, surveyors, underwriters, consultants and others who give volunteer support, first aid, medical attention, recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY, TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin: 1) FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; 2) HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST, including attorneys' fees, they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; 3) HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise; 4) Hereby grants any medical director of the Event and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed; 5) understands that he/she has the right in refuse medical care and advice of EVENT(S) medical directors and representatives; if Undersigned's medical condition becomes such that the Undersigned's mental capacity is questioned, the physician has the right to recommend and initiate treatment of the Undersigned; 6) assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the EVENT(S), including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services; 7) HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. 8. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. 9. The Undersigned warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing the Undersigned to participate in the Event. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I understand and agree to the waiver and release

Sign: _____ Date: _____

CANCELLATION POLICY: Entry fees are non-refundable & entries are non-transferable.

