



Spring Scramble – Saturday, April 15, 2017

Name : _____
Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
In case of emergency contact/relationship: _____

Event competing in (circle one): 5k run 10k run 5k walk Childrens 1 Mile Fun Run
Cupcake Run

Dry fit \$30.00 Regular t-shirt \$20 No t-shirt \$15

Shirt Size: YS YM Adult: S M L XL

Age: _____ Gender: _____ Payment Type: Cash _____ Check _____

Waiver: In consideration of my entry, I, intending to be legally bound for myself, my heirs, my executor and administrators waive, release, and forever discharge any and all rights and claims which may hereafter accrue to me against the directors of the race, West Prairie, the town of Sciota, and all sponsors and workers of any and all accidents or injuries incurred by me at their event and while traveling to and from event. I certify that I have trained for a race of this distance; and weather condition and am in suitable athletic condition to participate in the race I have entered.

Signature: _____

Date: _____

Signature of parent/guardian if child is under 18 years of age:

_____ Date: _____

Return form and payment to: Dawn Torrance, 12610 N 2100th Rd, Good Hope, IL 61438.

For more information, call Dawn Torrance at 309-456-3409.