



# REGISTRATION FORM

## Race Fees

Early Bird	March 1-April 30	\$25
Regular Rate	May 1-June 19	\$30
Dash		\$10

## Race Category

- 5K
- Wheelchair Division
- Kids Dash (7 & under on race day)
- STARS Dash

## T-Shirt

- Youth Small
- Youth Medium
- X-Small
- Small

## Size

- Medium
- Large
- X-Large
- XX-Large

## Gender

- Female
- Male

## Participant Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age on Day of Race \_\_\_\_\_  
MM - DD - YYYY (used for CARA groupings)

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

## Waiver and Release

I understand that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and conditions of the road. All such risks being known and appreciated by me, having read this waiver and knowing these facts and in consideration of this entry I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against the Run for the STARS 5K, College Church in Wheaton, Jim Brimm & Associates, and all sponsors, volunteers, individuals associated the the event, their representative and successors, and assigns for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event hereby grant permission to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any purpose. Sorry, no refunds.

- I would like to receive emails about future Run for the STARS races.

## Participant Signature

Printed Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Guardian if under 18 years of age)

**Make checks payable to Run for the STARS**

**Return this form and enclose payment to: Run for the STARS, 332 E. Seminary Ave., Wheaton, IL 60187**