



Thursday, November 26, 2020 8:00AM
Parkview Christian Academy
202 E. Countryside Parkway
Yorkville, IL 60560

Registration due by Friday November 20, 2020
Race Day Registration will be available \$5.00 more by cash or check.
Choice of 5k Run OR About 1 mile walk/jog OR About 2 mile run/jog
This event will not be chip timed and is not a certified course

OFFICIAL ENTRY FORM • ONE FORM PER PERSON

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Birth Date: _____ Age at time of race: _____

Email: _____

If referred by student/staff, list here: _____

Students: Current Grade Level: _____

Please check one in each category:

Sex: Male Female

I am entering the Falcon 5K Run/Walk as:

- Adult (18 and up) \$20.00
- Students in Grades 9 - 12 \$20.00
- Students in Grades 6-8, \$15.00
- Students in 5th grade and below, \$15.00

In case of emergency, please contact:

Name: _____

Phone: _____

WAIVER AND RELEASE

Please enter me in the Parkview Christian Academy Falcon 5K Run/Walk.

Parkview Christian Academy will accept my entry and permit me to participate in the race or any activities therein and in consideration there of:

- 1) I do hereby represent that I understand that participation in this run/walk is physically strenuous and that I am physically fit to compete, and I hereby acknowledge and assume all risks associated with participation including physical injury and illness associated with COVID-19;
- 2) I hereby for myself, my heirs, executors, and agents waive and release any and all rights and claim for damages which I may have against Parkview Christian Academy, its Board of Directors, administrators, representatives, successors, agents, employees, assigns, volunteer workers, and any sponsoring organizations for any and all injuries; and/or damages I may suffer as a result of my participation in this race. I also give permission for the free use of my name and/or picture in publication of other accounts of this event.

By signing below to acknowledge this waiver, I certify that I am over 18 years of age, and if submitting the form for a child under the age of 18, assume the responsibilities of this waiver on their behalf.

Participant's Signature: _____ Date: _____

If Participant is under 18, parent/guardian signature is required:

_____ Date: _____

Donation: _____ I don't want to race, but I'll make a donation!

Race Fees Amount: _____

Amount Paid: _____ Cash Check

Child's Homeroom Teacher:

Prizes will be awarded to the top homeroom at each level (elementary, junior high, and high school) with the most registrations.

