

IACAC Strength Through Diversity 5K Run/Walk Registration Form



*Many Hands Making a Difference.
Many Feet Going the Distance.*

Team: _____
(If Applicable)

Event: Run _____ Walk _____

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____

E-mail Address _____

Age _____ Date of Birth ____/____/____

Gender: M or F T-shirt Size: XS S M L XL XXL

*Teams must include registration form and payment for each team member.

Total Payment Enclosed: \$ _____

Event Fees Run or Walk

Early Registration

February 1, 2013 - April 26, 2013

Individual	\$20
Team of 4, (per member)	\$15

Race Day Registration

May 1, 2013

Individual	\$20
Team of 4, (per member)	\$15

**Please make checks payable to IACAC
Memo: Conference 5K**

**Mail this form along with payment to
IACAC
PO Box 279
Mount Prospect, IL 60056
Or**

**Register Online at:
www.iacac.org/conference/5k**

EVENT WAIVER MUST BE SIGNED

See reverse (or Second Page) for EVENT
WAIVER

IACAC EVENT WAIVER

Illinois Association for College Admission Counseling (hereinafter referred to as IACAC) do hereby execute this IACAC EVENT WAIVER for the Strength Through Diversity 5K Run/Walk (hereinafter referred to as EVENT)- By participating in this Event and executing this IACAC EVENT WAIVER, for myself, my heirs, representatives, and assigns, or for another participant if he/she is under the age of 18, I expressly acknowledge and indicate my acceptance to the following:

I UNDERSTAND THAT PARTICIPATING IN THIS EVENT IS POTENTIALLY HAZARDOUS AND THAT I SHOULD NOT PARTICIPATE UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED TO DO SO. I EXPRESSLY AND KNOWINGLY ASSUME ALL EXTRAORDINARY AND INHERENT RISKS INVOLVED IN THIS EVENT OR ANY RELATED ACTIVITIES, KNOWN OR UNKNOWN, INCLUDING, BUT NOT LIMITED TO DAMAGE TO PROPERTY, BODILY INJURY, OR DEATH DUE TO, AMONG OTHER THINGS, FALLS, CONTACT OR COLLISION WITH OTHER PARTICIPANTS, EFFECTS OF WEATHER, TRAFFIC, AND CONDITIONS OF THE ROAD.

IN CONSIDERATION FOR IACAC'S ACCEPTANCE OF MY REGISTRATION FOR THIS EVENT, AND WITH THE UNDERSTANDING THAT MY PARTICIPATION IN THIS EVENT IS CONDITIONED ON MY EXECUTING THIS AGREEMENT, FOR MYSELF, MY HEIRS, REPRESENTATIVES, AND ASSIGNS, OR FOR ANOTHER PARTICIPANT IF HE/SHE IS UNDER THE AGE OF 18, I HEREBY WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE IACAC, THEIR AFFILIATES, OFFICERS, DIRECTORS, REPRESENTATIVES, VOLUNTEERS AND EMPLOYEES FOR ANY AND ALL LIABILITY, CLAIMS, AND CAUSE OF ACTION, KNOWN OR UNKNOWN, WHICH MAY ARISE FROM OR RELATE TO MY VOLUNTARY PARTICIPATION IN THIS EVENT.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS IACAC AND THEIR AFFILIATES, OFFICERS, DIRECTORS, REPRESENTATIVES, VOLUNTEERS, AND EMPLOYEES FROM AND AGAINST ANY AND ALL DAMAGES, LIABILITY, CLAIMS OR CAUSES OF ACTION MADE BY ANY THIRD PARTY ARISING FROM OR RELATING TO MY PARTICIPATION IN THIS EVENT.

I hereby consent to receive any medical treatment which may be deemed advisable in the event of an accident, injury, or illness during event.

I also grant IACAC, the EVENT and all sponsoring businesses and organizations and their agents permission to use any photographs, motion pictures, recordings, or any other record of the EVENT for any legitimate purpose.

BY SIGNING BELOW and/or BY COMPLETING THE ONLINE REGISTRATION, I AM INDICATING MY ACCEPTANCE OF THIS IACAC EVENT WAIVER AND AFFIRMING THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT AND WAIVER. I UNDERSTAND THAT I AM RELINQUISHING SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE, AND I INTEND THIS AGREEMENT AND WAIVER TO BE AN UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW.

Participants Name

Date

Participants Signature

Guarantor signature if Participant is Under 18