

Class of 2021

"Run, Walk, & Glow with the Class of 2021"

Glow Walk/Run

Sat October 13th, 2018 7:00 PM
(rain or shine)

Start and Finish at Illini West High School
Entry Deadline is October 13th.

Fill out the registration form and return to:

Illini West High School
Attention: Kristen Cook
600 Miller Street
Carthage IL, 62321

0-5 years Free
K-12th grade \$20.00
18 yrs and older \$30.00

Make checks payable to: IWHS Class of 2021

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____ E-Mail _____

Age and Grade _____

Sign Waiver to Participate

WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

To: Illini West employees, volunteers, City of Carthage, CPD

READ CAREFULLY- THIS IS A WAIVER AND RELEASE OF ALL CLAIMS AND AFFECTS YOUR LEGAL RIGHTS.

I, _____, in exchange for participation in all of the activities of Illini West, City of Carthage, CPD and/or use of the facilities and services of Illini West, City of Carthage, CPD, the undersigned, agree as follows:

I, _____, as the parent/guardian of _____, in exchange for my child's/children's participation in all of the activities of Illini West, City of Carthage, CPD, the undersigned, agree as follows:

1. I agree to observe and obey all posted rules and warnings and to follow any oral instructions or directions given by Illini West City of Carthage, CPD.
2. I recognize there are certain inherent risks associated with events and activities which might be difficult and strenuous and there could be danger inherently involved. I acknowledge the possibility of certain unusual physical change during exercise that does exist. I understand that as a result of my participation in an event and/or the use of property, facilities, and services of Illini West, City of Carthage, CPD, I could suffer an injury or physical disorder, including death, that could result in becoming partially or totally disabled and incapable of performing any employment or social standards.
3. I assume full responsibility for personal injury to myself and further agree to release, waive, relinquish and discharge Illini West, City of Carthage, CPD for injury, loss, damage, and all claims I may have as a result of participating in events sponsored by Illini West, City of Carthage, CPD and/or use of a presence upon the property, facilities, and services of Illini West, City of Carthage, CPD or other third parties.
4. I agree to indemnify and hold harmless and defend Illini West, City of Carthage, CPD against any and all claims, causes of action, damages, judgments, cost of expenses, including attorney's fees, and other litigation costs, resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with or in any way associated with the activities of Illini West. City of Carthage, CPD and/or use of the property, facilities, and services of Illini West, City of Carthage, CPD.
5. This agreement shall be construed to the laws of the State of Illinois.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS AGREEMENT, I AM WAIVING ANY AND ALL RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST ILLINI WEST, CITY OF CARTHAGE, CPD. BY SIGNING THIS AGREEMENT, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Student Name _____

Student Signature _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

In case of Emergency, please call: _____

Relationship: _____