

# RUN IT. WALK IT. ROCK IT!

Help make everyday life possible for individuals with profound disabilities.

**AMITA** HEALTH™  
presents



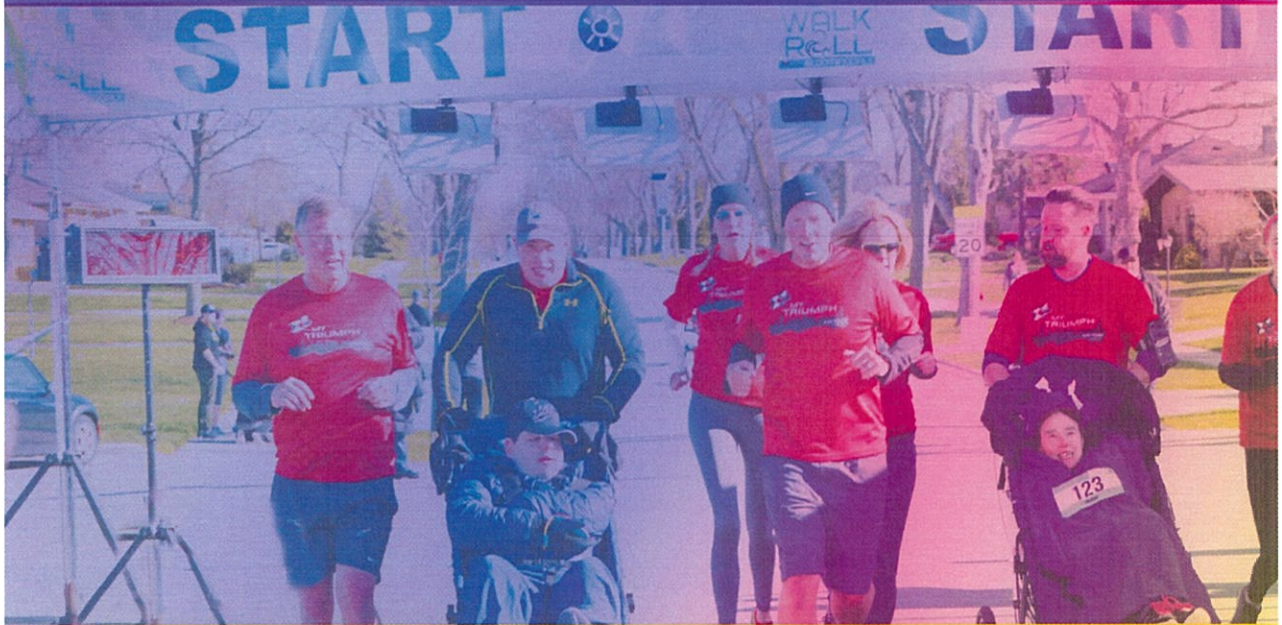
2nd annual  
**RUN** 5K/1 MILE  
**WALK**  
**AND ROLL**  
BLOOMINGDALE

## APRIL 28, 2019

Start 8 a.m. 164 S. Prairie Ave. Bloomington, IL 60108

**Marklund**

Register & Fundraise at  
[marklund.org/5kBloomington](http://marklund.org/5kBloomington)



- Prizes
- Live music
- Event T-shirt
- Food
- Mini Therapy horses
- USATF Certified Course

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164 S. Prairie Ave  
Bloomington, IL

April 28, 2019  
Race Time 8:00 a.m.  
Registration opens at 6:45 a.m.

### REGISTRATION FORM

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: Male / Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Discount Code: **DIST13**

#### Registration Fee

<u>5K</u>	<u>1 Mile Walk</u>
\$35 <b>\$30</b> per person <i>with shirt</i>	\$25 <b>\$20</b> per person <i>with shirt</i>
\$40 <b>\$35</b> per person <i>with shirt</i> after April 1st	\$30 <b>\$25</b> per person <i>with shirt</i> after April 1st

Shirt Size (circle one): YL S M L XL 2XL 3XL

**Please Circle One:** 5K 1 Mile 5K Racing Wheelchair Race

Enclosed Payment: CASH or CHECK (checks made payable to Marklund)

**WAIVER AND RELEASE** (Must be checked by Participant)

WAIVER—I know 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 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 low temperatures and/or wind chill, 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 Marklund, the City of Bloomington, the Marklund staff, employees, and residents of DuPage County, all government municipalities, all sponsors, and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post-race activities. There will be a \$20 fee for all returned checks. Sorry, no refunds. Unsigned entries will NOT be accepted.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent's signature if under 18)