

LTHS Foundation 5K Run-Walk



When: Sunday, April 22, 2018, 8:00 a.m. start time
Where: Lockport Township High School East Campus
(Seventh Street and Farrell Road)
1333 East Seventh Street
Lockport, IL 60441-3898 Phone: 815-588-8121
Registration: Mail-in through Friday, April 20; day of race
beginning at 7:00 a.m. (extra fee applies)
On-line: www.lths.org

All proceeds from the race will benefit the LTHS Foundation's Minigrant Program. The Foundation raises monies to provide additional resources for the LTHS community to equip our students with the best possible learning tools.

Return forms (one per person) and payment to LTHS Foundation, District 205 Administrative Center, 1323 East Seventh Street, Lockport, IL 60441-3899. **All pre-race registrations must be received by noon on Friday, April 20.**

Name: _____ Gender: F or M Age on race day: _____

Address: _____
Street City State ZIP

E-mail: _____ Telephone: _____

Registration Levels:

Adult - \$25.00 pre-race / \$30.00 day of race Children & Teens (ages 6-18) - \$10.00

Youth (ages 5 and under) – free *All children must be accompanied by an adult.*

Baby strollers are welcome on the course.

If participating as a member of a Lockport Township High School team, please indicate the team (e.g., Baseball, Girls Tennis) _____

Prizes will be awarded to the top two runners in age categories.

Payment (circle one): Cash / Check / Money Order / VISA, MasterCard, Discover or American Express _____
Expiration Date _____ Three-digit Security Code _____ **Make checks payable to LTHS Foundation.**

Please indicate T-shirt size: Youth L Adult S Adult M Adult L Adult XL Adult XXL

Liability Waiver must be signed to participate.

I recognize that running/walking a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, including cold, snow, and/or ice, high heat and/or humidity, traffic and the 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 your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the **LTHS Foundation 5K Run/Walk**, its directors, officers, staff, and volunteers, and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. For runners' safety, I understand that headsets, bicycles, scooters, and roller blades are prohibited. I ALSO UNDERSTAND THAT THERE ARE NO REFUNDS FOR THIS EVENT.

Signature of Participant: _____ Date: _____
(parent or guardian if under age 18)

Completed forms can be e-mailed to bherman@lths.org or dropped off at the District 205 Administrative Office, 1323 East Seventh Street in Lockport.