

# 3RD ANNUAL PAUL'S RUN FOR EPILEPSY

## RACE DAY INFORMATION:

**Where:** Gary Morava Recreation Center  
110 W. Camp McDonald Road,  
Prospect Heights, IL

**When:** Sunday, 10/16/2011 @ 9:00 a.m. Rain or Shine!

**Fees:** 5k: Adult: \$30.00 Youth: \$20.00 (17 and under)  
Fees increase to \$35.00 and \$25.00 on Race Day!

**Kids' Races:** 1 Mile Kids Run: \$10.00  
Free 50, 100 and 1/4 yard dashes for Kids (12 and under)

## REGISTRATION INFORMATION:

**Online:** www.paulsrunforepilepsy.org until 10/14/2011 @ 2:00 p.m.  
**Mail in:** Checks made payable to "CURE"  
**Mail to:** Merry or Dwayne Wurster  
4620 Kelly Road  
Island Lake, IL 60042  
**Must include check and signed waiver**  
**Late Registration:** Race Day from 7:00 a.m. until 8:30 a.m.

## PACKET PICK-UP: (Bib, T-shirt & goody bag)

**When:** Saturday, 10/15/2010 From 12:00 p.m. until 5:00 p.m.  
**Where:** Gary Morava Center in Prospect Heights  
Also available race morning from 7:00 a.m. until 8:30 a.m.

## RACE COURSE:

The 5k begins and ends at the Gary Morava Center. (See website for new course map). It is a 3.1 mile, USATF, professionally timed event. Water will be available on the course. Sorry, dogs, baby joggers/strollers, roller blades, etc. are not allowed in the run, Dogs and strollers are welcome in the walk only.

## AWARDS AND AGE GROUPS:

\$100 gift certificates awarded to top overall male and female winner.  
Medals awarded to top two in each age group: 14 & under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 and over.  
**GOODY BAGS FOR ALL PARTICIPANTS!**

- \*Epilepsy and Health & Wellness Fair\*
- \*Live Music \*Professional Timing \* Awards \*
- \*Healthy Kids Corner with free activities\*
- \*1 Mile Run for Kids\*

## 5k Run/Walk Registration Form

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE# \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Birth Date \_\_\_\_\_ (Mandatory)

T-SHIRT SIZE: Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Correct size cannot be guaranteed.

**T-Shirts guaranteed if registered by September 16, 2011**

5K RUNNER \_\_\_\_\_ 5K WALKER \_\_\_\_\_ 5K YOUTH RATE \_\_\_\_\_ 1 MILE KIDS RACE \_\_\_\_\_

**SORRY NO REFUNDS OR TRANSFERS!**

## **ALL PARTICIPANTS MUST SIGN THIS SECTION**

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Paul's Run for Epilepsy. I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this activity and are encouraged to seek a physician's approval. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in Paul's Run for Epilepsy against the City of Prospect Heights, including its respective officials, agents, volunteers and employees, Cure (Citizens United for Research in Epilepsy) any of the event's sponsors, promoters and all other persons or organizations associated with Paul's Run for Epilepsy, (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. Also, each of the undersigned permits the taking of photos, audio and video taping of themselves during the event for publication. Each of the undersigned will pay for the participant's medical and emergency expenses in case of accident, illness or incapacity regardless of whether he or she has authorized such expenses. Each of the undersigned understands that bicycles, skateboards, roller skates or inline skates are not allowed in the run, and that strollers and dogs are not allowed in the run, but allowed in the walk. I further agree that this agreement shall be governed by the State of Illinois.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parents MUST sign if child is under 18 years of age)

*Proceeds to benefit CURE: Citizens United for Research in Epilepsy  
95 cents of every dollar raised goes directly to research and awareness programs*