

HONOR REMEMBER®

Illinois Run for the Fallen
Linder Sports Complex
2924 Community Dr., Charleston
Registration Form
One Mile ~ One Flag ~ One Hero

Please fill out this form and email it to: carolyn@illinoisrunforthefallen.com or bring it to the event. There is no cost to participate. If you have questions, please contact: Carolyn Cloyd at 217-235-4984.

Name: Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

If you have a service member you'd like to walk for please print their name below or check the box to be assigned a service member. I will be walking for: _____

☐ Check this box to be assigned a service member

WAIVER AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in this program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of this program:

I recognize and acknowledge that there are certain risks of physical injury to participants in this event and I agree to assume the full risk of any such injuries, contagious disease, damages or loss regardless of severity which I or my child may sustain as a result of participation in any activities connected or associated with this program. I waive and relinquish all claims my child or I may have against the Charleston Parks and Recreation Department and its officers, agents, servants, and employees as a result of participation in this program. I hereby fully release and discharge the Charleston Parks and Recreation Department and its officers, agents, servants and employees from any and all claims from injuries, contagious disease, damage or loss which I or my child may have or which may accrue to me or my child in this event. I further agree to indemnify and hold harmless and defend the Charleston Parks and Recreation Department and its officers, servants and employees from any and all claims resulting from injuries, contagious disease, damages and losses sustained by me or my child, and arising out, connected with, or in any way associated with the activities of this event.

I understand that photographs of participants may be taken and I consent to being the subject of photographs, regardless of their form or content, for publicity, advertising, trade or any other lawful purpose whatsoever. I further release the Charleston Parks and Recreation Department, together with its officers, employees, agents, and assigns, from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on the use of said photographs regardless of their form or content.

Please sign and date this waiver before returning, participant must be 18 years-old or guardian:

Signature: _____

Date: _____

Sponsored by the Charleston Parks and Recreation Department

