

WALNUT 5K RUN/WALK for ALS

Saturday, July 2, 2016 8:00 a.m. 323 S. Main St., Walnut, Illinois

Starting line is in front of Bureau Valley North Jr. High. Check in at park tent south of the school. All proceeds will be donated to ALS (Lou Gehrig's Disease) for research.

RACE FEATURES: RRRR Circuit Event, 3.1 miles, Accurately measured, Gun to bib chip timing, Mile marker clocks, Aid Station, Traffic Control, Refreshments, T-shirts. Many improvements over prior years with state of the art timing equipment! **Sign up by Friday, June 24 to be eligible for incentive drawings; updates about this on our Facebook page.**

WALKERS ARE WELCOME & ENCOURAGED TO PARTICIPATE!!

Check -In & Race Day Registration: 6:45-7:45am, south of BVN school at tent by park shelter. Please arrive early.

Entry Fee: \$15.00 if received by Friday, June 24. **\$20.00 after Friday, June 24 and on race day!**

FACEBOOK Walnut 5K Run/Walk for ALS Like our Facebook page for updates and information.

MAIL PAYMENT & ENTRY TO: Julie Von Holten, 29053 1500 E. St., Walnut, IL 61376

E-MAIL: walnut5kals@gmail.com **Phone# 815-379-2269 Make payment to: Walnut 5K for ALS**

AWARDS: Male & Female 1,2,3rd place trophies. Trophies to the first male & female Walnut finishers. Medals to 1,2,3rd in age groups: 10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & over.

Timing and results will be provided by a professional road race scoring team. Results will be available promptly after race is completed and will be posted at www.racingexpectations.com and www.starvedrockrunners.org. Awards will follow. No pets or bicycles allowed. Strollers and wheelchairs are welcome to participate and will be lined up at end of start line. In case of race cancellation [due to events beyond our control], we thank you for your donation.

NAME _____ Circle one: Male or Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-mail _____

BIRTHDATE _____ AGE(as of July 2, 2016) _____

Disclaimer: In consideration of the foregoing, I for myself, my executors, administrators & assignees, do hereby waive, release & discharge ALS.TDI, volunteers, directors, officials, race/event organizers, sponsors, supporters & other race participants for/of all claims of damages, demands, actions whatsoever to my person or property in any manner growing out of my participation in the "Walnut 5K for ALS.TDI". I attest and verify that I have full knowledge of risk involved in this event and I am physically fit and trained to participate in this event. I grant permission for Walnut 5K to use photographs of me at/during this event for promotional and media purposes.

Signature: _____ DATE: _____

(Signature of parent or guardian if under 18)

Person to notify in case of emergency: _____ PH# _____

Circle one for T-Shirt. ADULT S M L XL 2XL 3XL 4XL / YOUTH MEDIUM