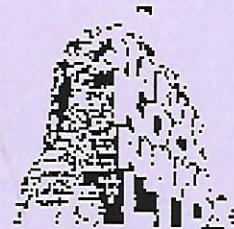




"BOO" MILBY MEMORY 5K RUN/WALK BENEFITS ILLINOIS VALLEY ALZHEIMER'S Group



SRRL
Circuit Race
#15

SATURDAY, AUGUST 20, 2016
8 A.M. AT NORTHWEST SCHOOL

RACE FEATURES

USA Track and Field
Certified Course
#IL08077JV
Record Eligible

Two Split Times

EMT's on site

Refreshments

Traffic Control

**All participants assured
a shirt**

Entry Fee:

**\$20 before August 17th
\$25 day of Race**

Entries made payable to:
Illinois Valley
Alzheimer's Group, Inc.
Mail to: Joanne M. Milby
11 A Heather Drive
LaSalle, IL 61301

815-223-1885 or 815-228-1858
boo15@att.net

Walkers Encouraged!!

Check In- 6:45 am

Start Time- 8:00 am

Starts and Ends

At

**Northwest School
229 O'Connor Ave.
2 blocks west of Rt 35 I
LaSalle, IL**

Age Divisions

**Trophy to the overall
male and female**

Male/Female

Nine and Under

10-12	40-44
13-16	45-49
17-19	50-54
20-24	55-59
25-29	60-64
30-34	65-69
35-39	

70 and Older

First 200 pre-registered adults
and 50 pre-registered kids
assured a bag & a shirt

Please Print

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Age as of August 20th _____ Date of Birth _____

Unisex Shirt Size: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ Youth Shirt Size: S _____ M _____ L _____

Ladies V-Neck Shirt Size: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

I know that running 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 a race official relative to my ability to safely complete the run. I assume the risks associated with running this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and or humidity, the conditions of the road and traffic on the course, all such risks are known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Alzheimer's Group, the City of LaSalle, LaSalle Grade School District #122, The Starved Rock Runners LTO, and all sponsors, their representatives and successors from all claims or liability that may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNED: _____
Parent or Guardian if Minor

Official Use Only
BIB # _____