



2023 Race Registration Form

Proceeds benefit Montgomery County Cancer Association.

Colors of Cancer 5K:

- 5K \$25 per person Saturday, September 23 at Moose Lodge, Litchfield IL
- 5K Group \$20 per person Registration at Active.com, paper or in-person day of race
- 5K Same day \$30 Races begin at 8:00 am

AWARDS: Overall male and female winner for each individual race

Ribbons to top three male and female for each individual race in each of the following age groups:

9 & under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & up

RESULTS: Check our M&M Multisport Facebook page and like us while you are there!

CANCELLATIONS: The race director(s) reserve the right to cancel, postpone, or modify the race due to adverse weather or

emergency conditions that make race conditions unsafe. In the event the race is canceled, there will be no refunds. Awards and shirts will not be mailed.

WAIVER OF LIABILITY: In consideration for accepting this entry, I, the undersigned, being of legal age, and intending to be legally bound, hereby, for myself, my heirs, executors, administrators, and assigns, hereby waive and release any claim and rights I may have for any injuries or damage I may sustain as a result of my participating in the races. This release is specifically meant to release all said claims as they relate to the sponsors of the event, their representatives, and agents, including, but not by way of limitation, M&M Multisport Club and Litchfield Chamber of Commerce. I specifically state that I am physically fit and am able to compete in this event. I further state that in the event it becomes necessary to incur any expenses or become obligated to pay any attorney fees or costs to enforce this agreement, that the undersigned shall reimburse the sponsors heretofore named for all expenses, including, but not by way of limitation, attorney fees and costs incurred. Further, I grant full permission for the free use of my name and/or any photographs, videotapes, or any other record of this event for legitimate purposes. I have carefully read this release and fully understand its contents. I am aware that this is a release of liability and a legal and binding contract, and I am signing this agreement free of my own will.

Return **FRONT & BACK** of form & check payable to

Litchfield Chamber of Commerce 400 N State St PO Box 334 Litchfield IL 62056

To guarantee Race Swag Register by Thursday, August 31st

Registrations **TOTAL PAID**

Please PRINT clearly: Sex: M [] F [] Birth Date: _____

MM/DD/YYYY

Name: _____

Address: _____ Age on race day: _____ Size: _____

City/St/Zip: _____ Phone: _____ **Sizes that could be Available:**

[] Youth Sm [] Youth Med [] Youth Lg

Email address: _____

[] Adult XS [] Adult Sm [] Adult Med

[] Adult Lg [] Adult XL [] Adult XXL

Waiver Signature (parent or guardian if under the age of 18) Date Printed Name

FILL OUT FOR TEAM REGISTRATION TEAM NAME: _____

Please PRINT clearly: Sex: M [] F [] Birth Date: _____

MM/DD/YYYY

Name: _____

Address: _____ Age on race day: _____ Size: _____

City/St/Zip: _____ Phone: _____ **Sizes that could be Available:**

Email address: _____

[] Youth Sm [] Youth Med [] Youth Lg
Adult XS [] Adult Sm [] Adult Med
[] Adult Lg [] Adult XL [] Adult XXL

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MM/DD/YYYY

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