



Litchfield Chamber of Commerce

Party in the Park

September 17-18, 2021



Colors of Cancer Run Registration Form

- TIME/LOCATION:** Registration: 5K: 7:00 – 7:45 a.m.; Races begin at 8:00 a.m. at Chapps, 119 W. Edwards St., Litchfield
- REGISTRATION:** \$25 per person
\$20 per person for groups over 4 (All Registration forms with full payment must be sent in together to receive discount)
\$30 per person day of registration (Swag is not guaranteed)
Cash, Check or Online via Active.com
- AWARDS:** Overall male and female winner for each individual race
Ribbons to top three male and female winners 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 website for results at www.mmmultisport.com
- CANCELLATIONS:** Colors of Cancer Run goes on rain or shine. No refunds will be given. Swag and awards will not be mailed.

To guarantee Swag, register by Saturday, August 21, 2021

PRINT clearly:

Sex: M ☐ F ☐ Birthdate: _____
MM/DD/YYYY

Name: _____

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

City/St/Zip: _____ Phone: _____

Email address: _____

Sizes that could be available:

☐ Youth Sm ☐ Youth Med ☐ Youth Lg
☐ Adult XS ☐ Adult Sm ☐ Adult Med
☐ Adult Lg ☐ Adult XL ☐ Adult XXL

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 Colors of Cancer Run. 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, 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.

Signature (parent or guardian if under the age of 18) _____

Date _____

Printed Name _____

Please mail all registrations and checks payable to "Litchfield Chamber of Commerce" to:
Litchfield Chamber of Commerce
P.O. Box 334
Litchfield, IL 62056

OR

Drop off all registrations and checks payable to "Litchfield Chamber of Commerce" at:
Litchfield Chamber of Commerce
400 N. State St.
Litchfield, IL 62056