

Doc Acklin Race

Saturday, August 26, 2017 @7:30 A.M.

Join us for a 3-mile race on the Paris High School Cross Country Team Race Course
located at Paris High School 14040 E. 1200th Rd, Paris, IL.

Anyone is welcome to participate by running and/or walking. Donations are also being accepted.

Please make out all checks to
Doc Acklin Scholarship

Mail Registration/donations to:
PCH/FMC
Attn: Kim Macke
721 E Court
Paris, IL 61944

All proceeds will benefit
the Paris Community Hospital/Family Medical Center Doc Acklin Memorial Scholarship

First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
Gender: _____ Age on August 26, 2017: _____
Cell Phone: _____

Please check one:

_____ Race Registration without shirt: \$10
_____ Race Registration with shirt: \$20
_____ I'd like to donate in the amount of: _____

T-Shirt Size (Circle One): Child S Child M Child L
 Adult S Adult M Adult L Adult XL Adult XXL (\$2.00 extra)

Registration must be received by August 12 to guarantee shirt.

I know that running [volunteering for] a race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the course. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Doc Acklin Memorial Race, Paris Community Hospital, and Paris High School from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant's Signature: _____ Date: _____

Parent or Legal Guardian if under 18: _____ Date: _____