

1st Annual Kincaid Labor Day Race for Education

(All Proceeds Benefit South Fork Pre-K Program)

5K for PRE-K Run/Walk

Saturday September 4th

9:00 a.m.

American legion Parking Lot
Kincaid, IL.

Registration Fees

By September 2nd Deadline.....\$20

Day of Race.....\$25

Check-in and registration will take place next to the Start/Finish line in the American Legion parking Lot from 7:45-8:45 am.
Call Tommy Watson at 827-8778 or Mark Wolfe 827-5543 with any questions.

ALL PARTICIPANTS MUST CHECK-IN ON THE DAY OF THE RACE

SHIRTS: THE FIRST 50 ENTRANTS WILL RECEIVE A T-SHIRT.
THE TOP 3 FINISHERS WILL RECEIVE A MEDAL OF RECOGNITION

ENTRY FORM

NAME _____
ADDRESS _____ CITY _____ STATE _____
TELEPHONE _____ EMAIL ADDRESS _____

T-SHIRT SIZE S M L XL (CIRCLE ONE)

PLEASE CHECK ONE RACE

MENS 5K

____ 18& UNDER ____ 55 - 59
____ 19 - 30 ____ 60 & OVER
____ 31 - 40
____ 41 - 50
____ 51 - 54

5K WOMEN

____ 18& UNDER ____ 55 - 59
____ 19 - 30 ____ 60 & OVER
____ 31 - 40
____ 41 - 50
____ 51-54

5K WALK

____ M&W ALL AGES

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Be aware that in signing up and participating in this activity you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor/ward might sustain as a result of participating in any and all activities connected with and associated with this race. I recognize and acknowledge that there are certain risks of physical injury to participants in this activity and I agree to assume the full risk of any and all injuries, damages or loss regardless of severity, that my minor/child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor/child/ward may have (or accrue to me or my child /ward) as a result of participating in this program/activity against the Village of Kincaid, and The Kincaid Park Improvements Committee including but not limited to its' officials, agents, volunteers and employees. I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release all claims. I understand that the race committee may remove any individuals from the race for unsportsmanlike behavior and will forfeit entry fee.

PARTICIPANTS NAME _____ DATE _____

PARTICIPANTS SIGNATURE _____

(18 YEARS OR OLDER OR PARENTS/GUARDIAN)

MAKE CHECKS PAYABLE TO KINCAID PARK IMPROVEMENTS

MAIL TO: Tommy Watson RE: Labor Day Race For Education 5K RACE

P.O. Box 436 Kincaid, Illinois 62540