



**Saturday**  
**June 5**  
**8 am**

**2111 Midlands Ct., Sycamore**  
**Midlands Professional Campus**  
*(behind Johnny's Charhouse)*

**Sponsors**


**OFFICIAL USE ONLY**

Rec'd by \_\_\_\_\_ Date \_\_\_\_\_ Shirt  Yes  No  
 \$ \_\_\_\_\_  Cash  Check Bib# \_\_\_\_\_

**OFFICIAL ENTRY FORM**

(please print, may be duplicated - must be signed below)

**LAST NAME** \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**AGE** \_\_\_\_\_  MALE  FEMALE

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**SHIRT SIZE**  S  M  L  XL (based on availability)

**ENTRY FEE** Proceeds will support the DeKalb County Chapter of the American Red Cross.  
 Send form to Unlimited Performance, 2111 Midlands Ct., Sycamore, IL 60178

\$15 KishHealth System employee

\$20 non-employee  \$25 Day of Race Registrant

Cash or  Check

**\*WAIVER MUST BE SIGNED BY RUNNER OR PARENT\*\***

In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assignees, do hereby release and discharge of Unlimited Performance Rehabilitation & Sports Medicine and the Unlimited Performance 5K Race Committee, and any other sponsors and supporters for all claims and damages, demands, actions whatsoever in any manner arising or growing out of my participation in the Unlimited Performance 5K Race. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I also give Unlimited Performance Rehabilitation & Sports Medicine, Unlimited Performance 5K Race Committee and other sponsors and supporters permission to use my name and/or picture in publicity and promotional materials.

**SIGNATURE** \_\_\_\_\_

Parent Signature (if under 18 yrs.) \_\_\_\_\_

