

The District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

An Obstacle Course Race is a series of challenging activities intended to engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including spinal cord injury, head/brain injury, and bone and joint injury. Understandably, not all hazards and dangers associated with the Obstacle Course Race can be foreseen. Certain risks include acts of God, inclement weather, slip and falls, insect bites, inadequate or defective equipment, inadequate supervision or instruction, and premises defects. In this regard, it must be recognized that it is impossible for the (District/SRA) to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily 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 District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. PLEASE PRINT

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent / Guardian's Signature  
(18 years or older or Parent/Guardian)

\_\_\_\_\_  
Date

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**SPEER FINANCIAL, INC.**



**The Trails  
Challenge Youth  
2K OCR Race  
Saturday,  
October 7th**



**Woodland Trails Park**  
1500 E. Euclid  
Mount Prospect, IL 60056  
Call 847.255.1200  
www.rtpd.org

## ABOUT THE RACE

The Trails Challenge Youth 2K Obstacle Course Race is approximately a 1.25 mile race. The course will take adventurous youth throughout the Woodland Trails Park without crossing any roads. There will be between 12—16 natural and man-made obstacles on the course challenging racers determination, stamina and physical prowess. **All participants will receive a t-shirt, medal, goodie bag and bragging rights that they conquered The Trails OCR!**

**Deadline for shirt size guarantee is**

**Sunday, September 17**

Select T-Shirt Size (Qty per participant)

\_\_\_\_\_ Yth Small (6-8) \_\_\_\_\_ Adlt Small

\_\_\_\_\_ Yth Med (10-12) \_\_\_\_\_ Adlt Med

\_\_\_\_\_ Yth Large (14-16) \_\_\_\_\_ Adlt Large

\_\_\_\_\_ Adlt X-Lg

\_\_\_\_\_ Adlt XX-Lg



**Our Mission is to enrich the lives of our diverse community by providing quality parks, facilities and programs for recreation, education and wellness**

**Our Vision is to become the Recreational Choice through excellence in everything we do**

## REGISTRATION FORM

Date \_\_\_\_\_

Parent Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## RACE INFORMATION

12-14 yrs Coed 9:30 am #25276

9-11 yrs Male 10:00 am #25277

9-11 yrs Female 10:30 am #25278

7-8 yrs Coed 11:00 am #25279

6+ yrs Family 11:30 am #25280

**Circle One per Participant**

Shirt Sizes YS YM YL Sm Med Lg XL XXL

| Full Name | Code # | DOB | Gender | School | Fee |
|-----------|--------|-----|--------|--------|-----|
|           |        |     |        |        |     |
|           |        |     |        |        |     |
|           |        |     |        |        |     |
|           |        |     |        |        |     |
|           |        |     |        |        |     |

## PIZZA PARTY TIME

The school who registers the most adventurers for the OCR wins a free pizza party for those registered participants one day after school. Marco's Pizza and RTPD will take care of everything. Get your friends to join you in your pursuit of adventure and pizza. The school must be within the **Mount Prospect or Prospect Heights** boundaries.

## FEES & DEADLINES (Per participant)

\$18.00 Thru September 4, 2pm

\$23.00 Thru October 5, 3 pm

\$28.00 On Oct 6 & Oct 7

**Please check one**

River Trails PD Resident \_\_\_\_\_

Resident of PHPD or MPPD \_\_\_\_\_

Non-Resident \_\_\_\_\_

## Payment

Cash \$\_\_\_\_\_ Check \$\_\_\_\_\_

## Credit Card Information

Circle One: Visa M/C Discover

Card # \_\_\_\_\_

Expire Date \_\_\_\_/\_\_\_\_ Amount \$\_\_\_\_\_

Card Holder Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_