

2011 Bloomington-Normal to Peoria St. Jude Run Commitment / Waiver Form



NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

Tee shirt size: (circle one) small medium large x-large xx-large

This will be my _____ year on the St. Jude Run! I can consistently run _____ minute mile pace.

Number of miles you would like to run _____ **NOTE: Mileage limitations for individual runners may be enforced.**

If you are registering as part of a team, list team name or team captain: _____

If you would like to be teamed with another runner, list that runner's name: _____

(Runners not registering with a team will be assigned a team to travel with during run day.)

RUNNER LIMITS: For safety reasons, no more than 20 runners will be allowed on the roads at a given time. Exceptions will be made when running through towns and cities and over the McCluggage Bridge along the way. This may result in some runners being somewhat limited compared to past years in how many miles they are allowed to run. More information will be coming later to handle this. Please make sure you fill in the number of miles you would LIKE to run in the space above.

INCREASED FUNDRAISING COMMITMENT, GOOD NEIGHBOR GRANTS, TAX FORM:

- I acknowledge and accept the responsibility to raise at least **\$750** for St. Jude Children's Research Hospital as a requirement to participate in the Bloomington-Normal to Peoria St. Jude Run. I understand my \$50 entry fee will count towards that \$750 and that my entry fee is non-refundable, even if I do not participate in this event.
- **State Farm Employees** – if you qualify for and receive a Good Neighbor Grant, that \$500 will NOT count towards your \$750 fundraising commitment but it will count in your total.
- For all donations of \$250 or more that I receive, I agree to record information and submit to the Run Coordinator, as required by the IRS. (The form for this information should be sent to you by your captain. Also on the web site.)

WAIVER AND SAFETY AGREEMENT:

In signing this release, I, for myself, my heirs, executors, administrators, and assigns, do hereby waive any and all claims I may have for damages against the St. Jude Runners Association, the St. Jude Children's Research Hospital in Memphis, TN, and the St. Jude Midwest Affiliate in Peoria, IL, the sponsors, the cities in which I run, and any other parties connected with this event. I attest and verify that I have full knowledge of the risks involved in the event and that I am physically fit and trained to participate. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

I agree to the following safety rules that are required in order to participate:

- I will wear a runners safety vest at all times while running in this event (vest provided by organizers).
- I will not wear headsets, headphones, or other listening devices, etc. in my ears while running as they could hinder me from hearing warnings or instructions from organizers or other runners/volunteers/police.
- I will follow all other rules and instructions from the organizers.
- I acknowledge that I am at least 16 years old in order to participate in this event.
- I will fill out a medical form in order to participate in this event.
- And I will submit a \$50 entry (non-refundable). Check made payable to St. Jude.

SIGNATURE _____ **DATE** _____

(If under 18, include parent's or guardian's signature)

(Due date: June 15)

Please deliver to your team captain or to Dennis Cler, 1510 Tearose Lane, Bloomington IL 61704

Questions: Dennis Cler 661-4382

Web site: www.bn-stjuderunners.org