Remembering Lauren 5K Run/Walk
June 17, 2017

OFFICIAL ENTRY FORM
www.rememberlaur.com

(Please Print)

_____
Last Name First Name

_____
Street Address/Apartment Number

_____
City State Zip Code

_____ **F M**
Age Sex

_____ _____
Phone E-mail

Event Location: Willowbrook High School
1250 S. Ardmore Ave.
Villa Park, IL

Registration: $25.00 per entry
Amount Enclosed: $_____
Additional Donation: $_____
TOTAL AMOUNT: $_____

Make checks payable to "The Lauren Kiefer Memorial Foundation Inc."

T-SHIRTS: pre-registered runners will receive a commemorative "Remembering Lauren 5K Run/Walk" t-shirt.
Circle One: **S M L XL XXL**

ENTRY FEES: All mail-in entries must be received by 6/14/15
Mail entry form to:

Willowbrook High School
Attn: Athletics
1250 S. Ardmore Ave.
Villa Park, IL 60181

Waiver
The undersigned athlete on behalf of him/herself and Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue Willowbrook High School, the committee in charge of this race, all agencies whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the event. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. Further, the Athlete has read the above and voluntary signs this waiver of liability agreement.

X_____ _____
Participant Signature Date
(Guardians signature required if under 18 years of age)