



National
Multiple Sclerosis
Society

Official Use Only:

5K Run Bib # _____

Join The Movement

July 29, 2017

Richland County Middle School
1099 N. Van Street, Olney, IL 62450

Registration Begins at 6:30AM – Events Begin at 7:30AM

Entry fee includes t-shirt (limited quantities/sizes) - Awards to top finishers of 5K Run

Send entry form to 1304 Taylor Drive, Olney, IL 62450

Checks made payable to MS "Join The Movement"

Contact Info: E-mail – olneymorg@hotmail.com Phone – (618) 302-1333

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Birth Date (5K Only): _____ Race Day Age (5K Only): _____

I have MS (all information confidential)

Please Circle One:

5K Run \$20

5K Walk \$20

MS Walk \$20

25 Mile Bike \$25

Additional Donation: _____

Amount Enclosed: _____

Carrie Winter Trust Fee Waiver

Please Circle One:

Gender (5K Only)

M F

Shirt Size

S M

L XL

XXL

Water at rest stop until 9:30 AM

Waiver of Liability: In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages, actions and causes of actions against the MS Society, Join the Movement MS Committee, Richland County CUSD#1, City of Olney, their affiliates, subsidiaries, officials, representatives, employees, successors, and any personal property owners for any and all injuries suffered by me in the MS Activities held on July 29, 2017. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. Further, I hereby grant full permission for the use of my name and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event for legitimate purpose. Above phone numbers will only be used for contact related to this event.

Waiver Signature: _____ Date: _____

(Parent Signature if under 18 years of age)