

The Rainbow Run

Registration Form

Name

If you are a student, please provide Student ID number

Age

Date

Email

Phone

Address

City, State

Zip Code

Emergency Contact (Name)

Emergency Contact (Phone Number)

T-shirt Size (S, M, L, XL, 2XL)

ALL FORMS and WAIVER (below) SHOULD BE COMPLETED AND SENT BY EMAIL
TO wow@mckendree.edu.

Cash and Check accepted and should be mailed to:

Wonders of Wellness

c/o Karan Onstott

701 College Rd.

Lebanon, IL 62254

WAIVER OF LIABILITY: I understand that McKendree University; the City of Lebanon, their employees; and all others connected with this event are not liable for any injuries which I may suffer while taking part in this voluntary activity. I hereby waive and release any and all rights and claims I may have against McKendree University, sponsors, or any personnel for any injury I might suffer in this event or for loss or damage to my property. I acknowledge and freely accept the risks inherent with athletic competition. I attest that I am physically fit and have prepared for "The Rainbow Run" 5K walk/run. I understand all race course closes at 10:30am.

Signature

Date

If not 18 years of age, must have parent or guardian sign here:

Signature of parent or guardian