

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Street: \_\_\_\_\_

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

Age on Race Day: \_\_\_\_\_ Phone: \_\_\_\_\_ T-shirt Size: Med. \_\_\_ Large \_\_\_ X-Large \_\_\_

In consideration of your acceptance of this entry, I, the undersigned intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against supporters of this race, for any and all injuries suffered by me in this event. I verify that I am physically fit and have trained for this event. I also understand my name and or photo may be used with results of this event or future CASA or Matzner Chiropractic promotions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Donations Only**

My tax-deductible donation of \$ \_\_\_\_\_ to the Champaign County CASA is enclosed.  
(Make donation check payable to Champaign County CASA.)

How did you hear about the race? \_\_\_\_\_