

1st, 2nd and 3rd place ribbons will be awarded to male and female age division race winners.

\$25.00 will be awarded to overall male & female race winners.



**Freedom
Fun Run/Walk**

**City of Litchfield
120 East Ryder
Litchfield, Illinois 62056**

**Phone: 217-324-5253
Fax: 217-324-5619
www.cityoflitchfieldil.com**

**Funded in part by the
Litchfield Tourism Program**



City of Litchfield
7th Annual
5K
Freedom
Fun Run/Walk



The City of Litchfield invites runners/walkers of all ages to join the Fun Run/Walk!

Saturday, July 4, 2009

7:30 a.m.

**Picnic Area #3
Lake Lou Yaeger**

City of Litchfield 7th Annual Freedom Fun Run/Walk

(Form to be used for 18 years and under)

Date and Time: Saturday, July 4, 2009, starts at 7:30 a.m.

Course and Distance: 5K (3.1 miles) starts at Picnic Area #3, Lake Lou Yaeger, Litchfield, IL and winds through the scenic Lake area. 1 water stop; course marshal at all intersections.

	Pre-Registered	Race-day registration
Kids (5-18 yrs old)	\$10	\$12
All Ages w/o T-shirt	\$10	\$10

(Kids under 5 free with adult participation)

T-Shirts will not be guaranteed nor will they be mailed.

Packet Pick-up and Race Day Registration:

6:15 a.m.- 7:15 a.m., Saturday, July 4th at Picnic Area #3, Lake Lou Yaeger. Early packet pick-up July 2nd, Mayor's Office at City Hall, 120 E. Ryder St., Litchfield from 8:00 a.m. to 5:00 p.m.

Age Division: Male and Female: 9 and under, 10-14, 15-18, 19-24, 25- 29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69 and 70+

Awards: \$25 to first overall male and female. Ribbons to 1st, 2nd and 3rd place males and females in each age category. (No awards will be mailed)

The undersigned, residing at _____, Illinois being the natural parent(s) of, and the natural guardian(s) of _____, acknowledge that I/We am/are allowing my/our son/daughter to participate in an activity known as the Litchfield Freedom Fun Run/Walk to take place on the ____ day of _____, 2009.

I am/We are aware that personal injury may occur to my/our son/daughter. My/Our son/daughter is voluntarily participating in these activities with knowledge of the danger involved and assuming any and all risk of injury, death or property damage. The undersigned as the natural parent(s) and natural guardian(s) of said son/daughter, sign this agreement with the same understanding.

In consideration of being permitted by the sponsors of the LITCHFIELD FREEDOM FUN RUN/WALK and its affiliated organizations to allow the participation of my/our son/daughter in the above activities, and for the use of their facilities for same, I/we agree that my/our heirs, distributees, guardians, legal representatives and assigns will not make any claim against, sue, attach the property of, or prosecute the City of Litchfield, a municipal corporation, or any of its affiliated organizations, employees, members, or sponsors of said FUN RUN/WALK for any injury, death, or property damage occurring to my/our son/daughter as a result of participation in said FUN RUN/WALK, whether caused by the negligence of the City of Litchfield and its sponsors or otherwise. In addition, the undersigned release(s) and discharge(s) the City of Litchfield and its affiliated organizations and sponsors, from all actions, claims or demands that I/we and my/our heirs, distributees, guardians, legal representatives or assigns, now or in the future, may have for any injury, death or property damage resulting from participation in said activities. I/We agree for myself/ourselves and my/our heirs, distributees, guardians, legal representatives and assigns, that in the event that any claim for personal injury, death or property damage will be prosecuted against the City of Litchfield, its affiliated organizations, employees, and sponsors, and the undersigned will indemnify and save harmless the City of Litchfield and its affiliated organizations, employees and sponsors from any and all such claims or causes of action by whomsoever made and whatsoever presented.

If the City of Litchfield, its affiliated organizations, employees, and sponsors, in the enforcement of any part of this Release, incurs necessary expenses or becomes obligated to pay attorney's fees or costs, the undersigned agrees to reimburse the City of Litchfield, its affiliated organizations, employees and sponsors for the expenses, attorney's fees or costs incurred by the City of Litchfield, its affiliated organization, employees and sponsors.

I/We have carefully read this Release and fully understand its contents. I/We am/are aware that this is a release of liability and a contract between myself/ourselves and the City of Litchfield, and its affiliated organizations, employees and sponsors, and am signing of my/our own free will.

Dated this _____ day of _____

Entry Form

	Price
Pre-Registered Entry Fee w/T-Shirt	\$10.00
Race Day Registration Fee w/T-Shirt	\$12.00

Mail Entry Form & Check Payable To:

City of Litchfield Fun Run/Walk

Attn: Lisa
City of Litchfield
120 East Ryder
Litchfield, IL 62056

First Name

Last Name

Address

City

State

Phone

Zip Code

Please indicate the following information:

Sex: M ___ F ___ Age (on race day) _____

Shirt Size

Adult Small

Adult Large

Adult Medium

Adult X - Large

Call 217-324-5253

or

Registration Form available
on-line at www.cityoflitchfieldil.com