

"BOO" MILBY MEMORY 5K RUN/WALK

BENEFITS ILLINOIS VALLEY ALZHEIMER'S ASSOCIATION

SATURDAY, AUGUST 18, 2012
8 A.M. AT NORTHWEST SCHOOL

**RACE
FEATURES**

USA Track and Field
Certified Course
#IL08077JW
Record Eligible

Two Split Times

Starts and Ends at
Northwest School
229 O' Connor Ave.

EMT's on site

Refreshments

Traffic Control

Entry Fee:

\$20 before August 10th
\$25 day of Race

Entries made payable to:
Illinois Valley Alzheimer's
Association

Mail to: Joanne M. Milby
11 A Heather Drive
LaSalle, IL 61301

815-223-1885 or 815-228-1858
boo@att.net

Walkers Welcome!!

Check In- 6:45 am

Start Time- 8:00 am

Northwest School
229 O'Connor Ave.
2 blocks west of Rt 351
LaSalle, IL

Run to Remember

Age Divisions

Male	Female
Under 9	Under 9
10-14	10-14
15-19	15-19
20-24	20-24
25-29	25-29
30-34	30-34
35-39	35-39
40-44	40-44
45-49	45-49
50-54	50-54
55-59	55-59
60-64	60-64
65-69	65-69
70-74	70 and
75 and Older	Older

Please Print

Name _____
Address _____ Phone _____
City _____ State _____ Zip _____
Age as of August 13th _____ Date of birth _____
Male _____ Female _____ Shirt Size: S _____ M _____ L _____ XL _____

I know that running a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume the risks associated with running this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and or humidity, the conditions of the road and traffic on the course, all such risks are known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Alzheimer's Association, the city of LaSalle, and all sponsors, their representatives and successors from all claims or liability that may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNED: _____
Parent or Guardian if Minor

Official Use Only
BIB # _____