

**KENADEE JULIAN BENEFIT**  
**1 MILE FUN RUN/WALK & 5K ROAD RACE**  
**((Luncheon, Silent Auction, and Live Auction to follow))**  
**MARCH 21, 2009**  
**SATURDAY 9AM**

**WHAT: 1 MILE FUN RUN/WALK & 5K ROAD RACE**

**WHEN:** SATURDAY MARCH 21 AND REGISTRATION AVAILABLE 8AM-8:45AM. 5K ROAD RACE STARTS AT 9AM AND FUN/RUN TO FOLLOW

**WHERE:** START/FINISH SHERMAN ATHLETIC CLUB

**COURSE:** MOSTLY FLAT

**ENTRY:** \$20 THRU MARCH 14, \$23 AFTER MARCH 14

**PACKET:** PICK UP FRIDAY 03/20/09 GOOD SHEPHERD LUTHERAN CHURCH 5:00PM-7:00PM OR RACE DAY 8:00AM-8:45AM AT SHERMAN ATHLETIC CLUB

**SHIRTS:** T-SHIRTS GUARANTEED TO THE FIRST 100 REGISTRANTS

**AWARDS: 5K RACE** TOP THREE OVERALL MALE AND FEMALE FINISHERS AND TOP TWO MALE AND FEMALE IN THE FOLLOWING AGE GROUPS: 13-19, 20-29, 30-39, 40-49, 50 & OVER.

**1 MILE FUN RUN/WALK** NOT TIMED AND OVERALL AWARDS TOP 3 FINISHERS.

**PROCEEDS:** CYSTINOSIS RESEARCH NETWORK, INC

**RACE DIRECTOR:** HEATHER SHIPP AT 217-416-8482

**MAIL & CHECKS PAYABLE TO:** **Kenadee Julian Benefit**  
**C/O Heather Shipp**  
**24394 Brierwood Ave, Athens, IL. 62613**

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**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **GENDER:** MALE FEMALE  
**PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**EMERGENCY CONTACT:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_  
**SHIRT SIZE:** SMALL MEDIUM LARGE XLARGE

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s).

"I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participation in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Kenadee Julian Benefit and its officers, agents, servants and employees as a result of participation in any of the above program(s). I hereby fully release and discharge the Kenadee Julian Benefit and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Kenadee Julian Benefit and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out, connected with, or in way associated with the activities of any of the program(s). I consent to being the subject of photographs taken by or on behalf of Kenadee Julian Benefit, and further consent to the publication, copyright, sale, or any other use of such photographs, regardless of their form or content, for publicity, advertising, trade or any other lawful purpose whatsoever. I further release the Kenadee Julian Benefit, together with its officers, employees, agents, and assigns, from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on the use of said photographs regardless of their form or context."

"I have read and fully understand the above program details and waiver and release all claims."

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Participant (18 years old, or guardian) Signature**