

LIABILITY WAIVER

I, the undersigned, knowingly understand and accept the risks involved in this event. I acknowledge and fully understand I will be engaging in activities that involved risk of serious injury, including severe stress, permanent disability or death, and severe social and economic losses, which might result not only from my actions, inactions, or negligence, by the actions, inactions, or negligence of others, vehicle traffic on the course, or the conditions of any premises or any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.

I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

I agree to hereby, for myself, my heirs, and assigns, release, indemnify, and agree to hold harmless the Newman Freedom Festival race committee, sponsors, volunteers, and the city of Newman from any and all actions, claims, demands, administrative proceedings, judgments, attorneys fees, of any kind that may arise from my participation in this event.

I also hereby consent to emergency medical treatment in case of injury and understand that any medical costs incurred will be my responsibility.

All participants must read and sign this waiver

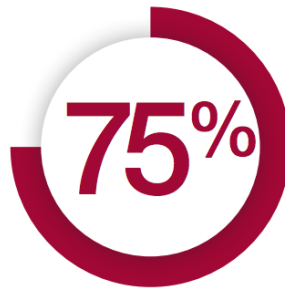
^ Signature of Participant Date

^ Parent or Guardian (if under 18) Date

^ Emergency Contact Phone

^ Signature of Participant (if biathlon team) Date

^ Signature of Participant (if under 18) Date



Approximately 75% of the costs of St. Jude are covered by public contributions.

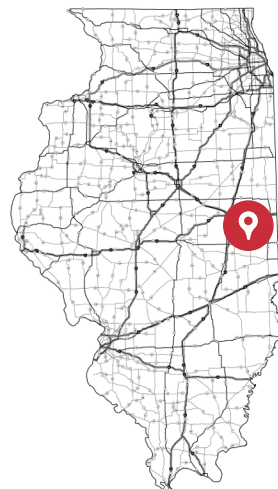
Treatments invented at St. Jude have helped push the overall childhood cancer survival rate **from 20 percent to more than 80 percent** since we opened more than 50 years ago.



We won't stop until no child dies from cancer.



Families never receive a bill from St. Jude for treatment, travel, housing or food—because all a family should worry about is helping their child live.



708 N Broadway
Newman, IL
61942

Parking is available on site

NEWMAN FREEDOM FESTIVAL 2018

5K WALK, RUN, & BIATHLON



June 16th 2018

7:30am

Registration at
708 N Broadway

Check in
5:30am - 7:00am

Individual Category

Team Category

Local Resident Category

(61942 home Zip Code)

Awards for top finishers

Prizes, Free Raffle Entry,

Post Race Food

Free race shirt for all early entries

**PROCEEDS BENEFIT:
ST. JUDE CHILDREN'S
RESEARCH HOSPITAL**

www.newmanrace.net

- All skill levels, beginner to advanced, are welcome!
- Register as: 5K walk | 5K Run Biathlon | Team Biathlon
- 5K route is a loop on hard surfaced roads
- Bike course is out-and-back on smooth, paved, straight, fast roads
- Routes well marked, staffed with volunteers, with water available
- Helmets are required
- Race takes place rain or shine

EARLY REGISTRATION
 postmarked by: **6/6/18**
 Guarantees free race shirt
 and swag!

Register by mail, return entry form to:

James Young
PO Box 260
Newman, IL 61942

Register online:

www.newmanrace.net

Questions:

newman5krace@gmail.com

Check us out on Facebook:

**Newman Freedom Festival 5K
 Walk, Run, & Biathlon**

Awards & Prizes

Awards presented for top finishers in all categories

Visit our website for a complete breakdown of all age group and award categories

Post Race Prizes

All participants receive finisher medals

Entry fee enters you into raffle

Must be present to win

Free post race food and drinks for all

Group Discounts

Available for sports teams, running or cycling clubs, and businesses

See website for details

Registration

Early registration postmarked by **6/6/18**

Race day registration accepted

No guarantee of race shirt

Illini Race Series

Additional awards and swag for participating in other events in our race series

Details at www.newmanrace.net

REGISTRATION FORM

PLEASE PRINT

Check Where Appropriate

- 5K Walk 5K Run
 Early: \$30 Late: \$35
- Individual Biathlon
 Early: \$30 Late: \$35
- Team Biathlon
 Early: \$45 Late: \$50

 ^ Signature of Participant or Team Captain

 ^ Address

 ^ City, St, Zip

 ^ Phone

 ^ Email

Sex: Male Female

DOB: _____

Adult shirt Size: S M L XL XXL

 ^ Teammate Name (if biathlon team)

DOB: _____

Adult shirt Size: S M L XL XXL

Make checks payable to:

Newman 5K Fund

Read and sign liability waiver. Applicants who have not signed will not be allowed to participate.

