

TIGER TROT CHALLENGE 5K/1 MILE RACE 2020

It's time for the 8th Annual Tiger Trot challenge. In addition to the 5K we have a 1mile walk option. The 5K can be ran or walked. The Tiger Trot will be held on April 11, 2020 at 9am starting and ending at the Independence Park Pavilion. Show your Tiger Pride!! Wear orange and black shirts, shorts, tutus, whatever outrageous outfit you desire to show off your school/community pride. Return form on or before **March 29, 2020** to guarantee a shirt and before registration prices rise. Returning this year is a student designed race shirt. The 1/4 mile Tiger Tot Trot will start after the 5K race is finished. Parents are encouraged to run with their children.

Early packet pick up will be April 10, 6:00-7:00 pm at the Independence Park Pavilion.

Day of race packet pick up will be April 11, 7:00-8:45 am.

Signup online at:

<https://runsignup.com/Race/IL/MarquetteHeights/TigerTrotChallenge>

Awards to the male and female 1st place overall and to 1st, 2nd, and 3rd place in each age group for the 5K only. The 1 mile walk is untimed.

Pre-registration before March 29th

- 5K \$17 with shirt / \$12 without
- 1 mile \$15 with shirt / \$10 without

Pre-registration after March 29th

- 5K \$20 with shirt / \$15 without
- 1 mile \$18 with shirt / \$13 without

Day of race Registration

- 5K \$25 with shirt / \$20 without
- 1 mile \$20 with shirt / \$15 without

Family/Team/Group of 3+ participants

- -\$2 per registrant (ex: 3x\$17=\$51-3x\$2=\$45 total)

T-shirt only option. You will not be participating in the race but would like a shirt to show your school and community pride. Pick up shirts during the Friday evening or Saturday morning packet pick up. \$8 per shirt. +\$2 for XXL,XXXL shirts.

Sizes and Quantities:

Adult: ___ SM ___ MED ___ LG ___ XL ___ XXL(+ \$2) ___ XXXL(+ \$2)
Youth: ___ SM ___ MED ___ LG

Forms may be mailed to: Tiger Trot Challenge, 206 St. Clair Dr, Marquette Heights, IL 61554 or dropped off at Georgetown, Marquette, or Rogers Schools prior to March 30th. After March 30th they must be mailed or brought to registration/packet pickup times.

Make checks payable to: Running To Help. If you have any questions please contact the director at frank_Hardy@comcast.net

We look forward to seeing you at the Tiger Trot!!

Like us on the Tiger Trot facebook page: <https://www.facebook.com/tigertrot/>. Updates will be posted on there for this event.

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____
Gender: Male Female Date of Birth: ____/____/____
T-shirt: SM MED LG XL XXL(+\$2) XXXL(+\$2)
Youth: SM MED LG
Address: _____
City: _____ State: _____
Zip: _____
Email: _____ Phone: _____
Emergency Contact Name and Phone: _____

Additional Runners:

First Name: _____ Last Name: _____
Gender: Male Female Date of Birth: ____/____/____
T-shirt: SM MED LG XL XXL(+\$2) XXXL(+\$2)
Youth: SM MED LG
Address: _____
City: _____ State: _____
Zip: _____
Email: _____ Phone: _____
Emergency Contact Name and Phone: _____

First Name: _____ Last Name: _____
Gender: Male Female Date of Birth: ____/____/____
T-shirt: SM MED LG XL XXL(+\$2) XXXL(+\$2)
Youth: SM MED LG
Address: _____
City: _____ State: _____
Zip: _____
Email: _____ Phone: _____
Emergency Contact Name and Phone: _____

First Name: _____ Last Name: _____
Gender: Male Female Date of Birth: ____/____/____
T-shirt: SM MED LG XL XXL(+\$2) XXXL(+\$2)
Youth: SM MED LG
Address: _____
City: _____ State: _____
Zip: _____
Email: _____ Phone: _____
Emergency Contact Name and Phone: _____

Please read waiver, sign and date. Minors must have parent's signature. Unsigned forms will be returned. To be guaranteed a race shirt, all forms and money must be received by March 29, 2020.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS 5k Race, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Running to Help, Illinois School District 102 and/or their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, and event volunteers; (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of release or otherwise. I acknowledge that Running to Help and Illinois School District 102 and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting this event. I acknowledge that this event involves physical activity, and may carry with it the potential for death, serious injury, and property loss. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Date: _____

Parent/Guardian Signature _____ (if any runner under 18)

Runner #1 Signature _____

Runner #2 Signature _____

Runner #3 Signature _____

Runner #4 Signature _____