



Spring into Summer 5K Run/Walk, will be a partnership with the Martin Luther King Center and Rock Island Library. Our three organizations are committed to summer enrichment, and all proceeds from the race go to camps which together, will serve over 500 children this year!



Packet Pick Up & Registration
 -Friday, April 8th, 4pm-7pm at Legend's Corner (3008 7th Ave., Rock Island, IL 61201)
 -Race Morning, 7:30am-9:00am Sunset Park Main Shelter (18th & 31st Ave., Rock Island)

Kid's Race (1/4 mi.) @ 9am
 Includes: t-shirt, race bib, & awards for all
 5K Run/Walk @ 9:15am
 Includes t-shirt, race bib, chip timing (J3 timing), & awards for top runners
 Join us after the race for a family picnic w/food & games

SPRING INTO SUMMER 5K OFFICIAL ENTRY FORM

PLEASE PRINT CLEARLY

WAIVER MUST BE SIGNED

Last Name: _____ First Name: _____

Street Address: _____

(Street) (City) (State) (Zip Code)

Phone Number: _____ E-mail: _____

CIRCLE RACE: KIDS RUN 5K RUN/WALK DATE OF BIRTH (MM/DD/YY): _____

CIRCLE ONE: MALE FEMALE CIRCLE SHIRT SIZE: CHILDREN'S (KIDS RACE ONLY) S M L XL
 WOMEN'S S M L XL XXL
 MEN'S S M L XL XXL

KIDS RACE: \$15 EARLY BIRD: \$25 (Ends APRIL 31) REGULAR: \$30 (MAY 1-19) RACE-DAY: \$40 (MAY 20)

TOTAL ENCLOSED: _____ ENTRY FEE: (FEE NON-REFUNDABLE)

PLEASE MAKE CHECKS PAYABLE TO: **SPRING FORWARD LEARNING CENTER** and mail to 2101 6th Ave., Rock Island, IL 61201

WAIVER: I have read the event information and understand the policies of the event. I know that running a road race is a potential hazardous activity and will not participate unless I am medically able and properly trained. I assume all risks with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I for myself, and anyone entitled to act on my behalf, waive and release Spring Forward Learning Center, City of Rock Island, the Rock Island Park Board, all sponsors, their representatives and successors, races officials, workers, or volunteers, for any and all claims or liabilities of any kind arising out of my participation in this event. I further grant full permission for event staff and sponsors to use any photographs, videotapes, or other record of the event for any reasonable purpose.

SIGNATURE _____ DATE _____ PARENT'S SIGNATURE IF UNDER 18 _____
 EMERGENCY PHONE CONTACT #: _____