THE 37th ANNUAL ALPINE RACES

Presented by the Alpine Runners

A portion of the Alpine Races proceeds are donated to the LZHS, Food Pantry and other local charities.

SUNDAY, SEPTEMBER 13, 2015 Starting at 7:30 AM

1/2 Marathon / 5K Run/Walk / Youth Mile / Kids Races

Something for All Runners & the Whole Family!

Paulus Park, 200 S. Rand Rd., Lake Zurich, IL 60047

(One Traffic Light North of IL Rte 22 on Rte 12)

www.alpinerunners.com

Alpine Races Entry Form

Please Print Legibly:

Last Name _____ First Name _____

Address _____ City_____State_____Zip_____

Phone_____ E-mail_____

Sex _____Birth Date_____ Age on Race Day_____

½ **Marathon & 5K Sweat Shirt Size**, circle one S M L XL XXL (Limited to the first 600 Registered)

Youth Mile & Kids Races T-Shirt Size, circle one Youth Sizes S M L

Only one person per application please.

____ 1/2 Marathon 7:30 AM (IL - 07046 - JW) $50 till 9/11/15 then $60 including on race day.

____ 5K Run/Walk 7:45 AM (IL – 07045 – JW) $35 till 9/11/15 then $40 including on race day.

____ Youth Mile 9:30 AM $10

____ Kids Races Start after the Youth Mile, Races will run concurrently $5

Return this form along with your Check or Money Order payable to "ALPINE RACES". Entries must be post marked by September 7, 2015, and mailed to: Alpine Races, P.O. Box 841 Lake Zurich, IL 60047

Amount Enclosed $_____ NO REFUNDS FOR ANY REASON WHATSOEVER.

Waiver and Release

I recognize and herby expressly assume the risks of illness and injury inherent in any exercise program and I am participating in this event upon express written agreement and understanding that I am hereby waiving and releasing The Alpine Runners, The Villages of Lake Zurich and Hawthorn Woods, The Lake Zurich Alpine Races, its sponsors, any entity providing the use of its facility, its agents and representatives, Villages and homeowners associations the course passes through from any and all claims which may accrue to me, my heirs, my guardians, administrators, executors or assignees, including attorney fees and court cost, collectively "claims" arising out of, or in connection with, my participation in The Lake Zurich Alpine Races, or any illness there from.

Signature_____ Date____/____/____

(Parent or guardian's signature if participant is under18)