

FAMILY LIFE CENTER SPONSORS



5K RUN/WALK

PRAYER WALK TO FOLLOW

PRAYER WARRIOR PLEDGE FORMS INSIDE

REGISTRATION
\$25
EACH



FAMILY OF 5
\$75

TWO LOCATIONS ⚡ ONE GREAT CAUSE

**SCAN QR CODE BELOW OR SIGN UP ON BACK AND
RETURN TO EFFINGHAM OR SHELBYVILLE OFFICE.**

DACEY TRAIL

FOREST PARK
NORTH 9TH ST, SHELBYVILLE

TREK TRAIL

EFFINGHAM PERFORMANCE CENTER
1325 OUTER BELT WEST, EFFINGHAM



**SATURDAY
APRIL 26, 2025**



**SATURDAY
MAY 10, 2025**

**7:00 AM CHECK IN/LATE REGISTRATION ON RACE DAY
8:00 AM START WITH PRAYER WALK TO FOLLOW**

5K Run/Walk for Life Registration Form

First name: _____ Last name: _____

Age on race day: _____ Gender: Male Female

Email: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Choose Your Race Location: Shelbyville - April 26 at 8:00am Effingham - May 10 at 8:00am

Choose a Race Type Below:

5K Run/Walk - \$25 5K Family Run/Walk (Family of 5) - \$75

Prayer Walk Warrior (*Shirt Included - Pledge Forms Attached - see details on next page*) - \$25

T-shirt size (Adult and Youth Sizes): *Shirt Deadlines are 4/11 for Shelbyville | 4/25 for Effingham*

S M L XL XXL YS YM YL YXL

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims that I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury, or medical emergency arising during the event, I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic, and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice, and images of myself in any photographs, motion pictures, results, publications, or any other print, videography, or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non-transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

If Family Run/Walk, add additional participant info below. Check waiver box if you agree to above waiver:

Full Name: _____ Age: _____ Gender: _____ Shirt Size: _____ Initials: _____ Waiver: _____

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Full Name: _____ Age: _____ Gender: _____ Shirt Size: _____ Initials: _____ Waiver: _____

By checking this box, I agree to the waiver above

Primary Signature (parent/guardian if under 18): _____ **Date:** _____

Make Checks Payable to Family Life Center (Mail checks or drop by the office prior to race day)

Shelbyville - 225 E South 1st St, Shelbyville, IL 62565

Effingham - 605 Eden Ave, Effingham, IL 62401