



Jane Floyd-Hendey

Celebrating Abilities

at Southern Illinois University Edwardsville

SUNDAY, APRIL 20, 2008

WHEELCHAIR RACERS @ 7:55 AM; RUNNERS & WALKERS @ 8:00 AM

SEVENTH ANNUAL 5-KILOMETER RACE:

ROLL/RUN/WALK

Proceeds benefit: *New Horizons*, the SIUE organization for students with disabilities

- ROUTE:** Through historical neighborhoods, with *Start* and *Finish* at Madison County Transit Center (N. Main Street & Hillsboro Avenue), in beautiful downtown Edwardsville. Close parking and accessible restrooms readily available.
- DIVISIONS:** Age groups for Female and Male – 15 & under; 16-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 and over.
- AWARDS:** Top Female & Male Wheelchair; Top Female & Male Runner.
The top 3 female and male finishers in each age division will receive a medal.
- Entry Fees:** Entry fee is \$15 [\$10 for SIUE students] if postmarked by **April 17, 2008**.
Late entries and race day entries will be \$20.00 [\$15 for SIUE students]. Race day registration closes **promptly** at 7:30 a.m. All entrants will receive a t-shirt.
- Packet Pickup:** At the Disability Support Services Office @ SIUE, Rendleman Hall, Room 1218, on Thursday, April 17, 2008 from 8:00 a.m. to 6:30 p.m. and prior to the start on Race Day.
- Information:** For further information, please call Shirley Lodes at Disability Support Services at 618-650-3726.
- Special Thanks to Our Generous Sponsors:** **BJ's Printables; The BANK of Edwardsville; Family Care Medical Equipment Co., Inc.; Fitness Designs Physical Therapy & Sports Rehab; Sacred Grounds; SimmonsCooper LLC; Strader Rehabilitation; Weyerhaeuser Company; SIUE Disability Support Services; New Horizons.**

Registration Form

Make your check or money order payable to **New Horizons** and mail it to New Horizons, c/o Disability Support Services, Campus Box 1611, Southern Illinois University Edwardsville, Edwardsville, IL 62026-1611.

NAME: _____ **AGE AS OF 4/20/08:** _____

ADDRESS: _____ **SEX:** _____ **FEMALE** _____ **MALE**

CITY: _____ **STATE:** _____ **ZIP:** _____ **SIUE STUDENT?** _____ **YES** _____ **NO**

TELEPHONE: (_____) _____ - _____ **SHIRT SIZE (CIRCLE ONLY ONE):** **S** **M** **L** **XL** **XXL**

EMAIL ADDRESS (For Next Year's Race): _____

CATEGORIES (check one): **Wheelchair** _____ **Run** _____ **Walk** _____

Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement: I hereby acknowledge that participation by myself or my child in the Seventh ANNUAL 5-KILOMETER RACE: ROLL/RUN/WALK, a voluntary program, hereinafter Activity, sponsored and administered by Southern Illinois University Edwardsville's Disability Support Services on April 22, 2007, involves an inherent risk of and exposure to property damage and bodily or personal injury to myself, to my child, or to others. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in the Activity and in the training, preparation for, and travel to and from the Activity. I further acknowledge that it is my sole responsibility to participate, or to allow my child to participate, only in those activities for which I or my child has the prerequisite skills, qualifications, preparations, and training. I acknowledge that the Board of Trustees of Southern Illinois University governing Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees (hereinafter SIUE) does not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Activity, including third party leaders, instructors, vehicle drivers, or individual participants in the Activity. I further acknowledge that SIUE makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation or my child's participation in the Activity. I hereby assume any and all such risk. For the sole consideration of SIUE arranging for and allowing my participation or my child's participation in the Activity, and in connection therewith, making available for my use or my child's use while participating in the Activity, certain equipment, facilities, grounds, or personnel of SIUE, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE and all sponsors of this Activity from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation or my child's participation in the Activity. I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement*. I further understand and agree that this *Agreement* shall be effective during the entire period of my participation or my child's participation in the Activity; that it binds me and my child's heirs, executors, administrators, and assigns, as well as myself and my child; and that its acceptance by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity, if any, by SIUE.

Signature: _____ **Date:** _____ **Signature of witness:** _____
(Parent's Signature if under 18 years of age) (Must be 18 years or older)