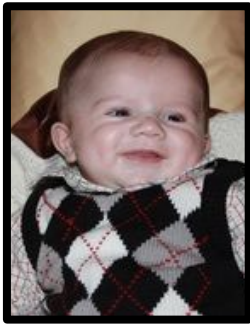


Join us for the 6th Annual 5K Run/Walk for SUID Awareness

In Memory of
Aden Lamps



~ All proceeds from this event will be used to distribute sleep sacks to parents of newborns, which will be given out at our local hospitals.

September 15th, 2018
9 :00 a.m.
Spring Valley, Illinois
~ Near Hall High School

RACE FEATURES:

- Age Group Awards/Medals
 - 3 Male, 3 Female awards per Age Group**
- 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over
- FUN RUN for Children ages 3-7, Starts: Approx 10:15**
- Chip Time Provided by ****Racing Expectations****
- 1 Mile walk ~ **UNTIMED**
- T-SHIRT for all participants**
- Water **at miles 1 & 2**

CHECK-IN & Registration~ 7:00 a.m.

ENTRY FEE~Adults: \$20.00 Children: (14 & under) \$15.00
FUN RUN (ages 3-7) \$10.00 includes T-shirt

Postmarked by September 10th

➔ **After September 10th:** Adults: \$25.00 Children: \$20.00

Contact: Ashley Lamps
815-712-7701

adenlampsfoundation@gmail.com
www.safesleepforaden.org

You can REGISTER online
 ➔ **runsignup.com** ←

Entry Form

Name: _____ Address: _____

City, State, Zip: _____ Email: _____

Participating as: Adult: _____ Child: _____ FUN RUN only (ages 3-7) _____ 1 Mile Walk: _____ Birthdate: _____

Male: _____ Female: _____ Age on Race day: _____

T-Shirt Size: (circle one)

CHILD: S M L ADULT: S M L XL XXL

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Aden Lamps Foundation, the city of Spring Valley, Racing Expectations, Hall High School and all sponsors, their representatives and successors from all claims or liability that may arise out of negligence or carelessness on the part of the persons named in this waiver and grant permission to use my picture or likeness.

Signature: _____ Date: _____ Official Use Only: BIB# _____
 (Parent or Guardian if under 18 years of age)

Mail to: Aden Lamps Foundation, P.O. Box 1382 La Salle, IL 61301 **Checks Payable To:** Aden Lamps Foundation