

LaVerne W. Anderson American Legion Post 0729
300 E Si Johnson Ave
P. O. Box 206
Sheridan, Illinois 60551

***Nina LeCuyer
Memorial 5K***
ENTRY FORM



NAME: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____ EMAIL _____
AGE (as of 05/25/26): ___ M/F ___ VETERAN Y/N _____

Please join us as a runner/walker in our 5th running of the Nina LeCuyer Memorial 5K! The run will start/end at the American Legion in Sheridan and the route runs the streets through the village. Race Day registration will be available starting at 0630 with race start at 0730. The **\$35 registration fee** gets you:

Entry into the 5K race, Legion's Memorial Day Breakfast following the run. Breakfast will open at 0830. Invitation to the Legion's Memorial Day Ceremony to honor those that have served our country (will begin after breakfast).

Plaques will be given to the **top male and female finishers as well as the top Veteran**, and medals to the top three male and female finishers in 14 age divisions starting 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+.

Make checks payable to: American Legion Post 0729

Release of Liability

I know that running/walking in a road race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions, etc, all such risks being known and recognized by me. I hereby agree, for myself and my heirs, assigns, personal representative, executors and administrators, to waive, release and forever discharge the LaVerne W. Anderson American Legion Post 0729 and Racing Expectations and their respective directors, officers and employees, volunteers and any and all sponsors, suppliers and any other personnel assisting or connected with this event, any rights, claims, or demands therefore which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the Nina LeCuyer Memorial 5K to be held on May 25, 2026.

Signature of participant/guardian _____ Date _____

BIB #: _____

<https://runsignup.com/Race/IL/Sheridan/NinaLeCuyerMemorial5K>