

# Wade's 5K for 5P

October 7<sup>th</sup>, 2017 - 8:30am



## 2017 Registration Form

[www.wades5kfor5p.com](http://www.wades5kfor5p.com)



[www.fivepminus.org](http://www.fivepminus.org)

### 2017 Official Registration Form - 5K Run, 5K Walk, Kids Fun Run - [www.wades5kfor5p.com](http://www.wades5kfor5p.com)

One registration form per participant is required. Copies of this form are also acceptable. Online registration is available on the website. Race day registration will be from 7 AM to 8 AM. Shirts are only guaranteed if registration is postmarked by September 22, 2017. No cancellations or refunds allowed.

**Where:** Lodge Park - Monticello, Illinois  
Wade's 5K for 5P- is an annual running and walking fundraising event that supports Wade Jones, other local children with Cri du Chat, and the 5P Minus Society. Five P- Syndrome is a rare genetic disorder that affects 1 in every 50,000 births. This event will raise money to assist families affected by Five P Minus Syndrome. Wade is 5 yrs old, lives in Monticello and was diagnosed with 5P- when he was 4 months old.  
The proceeds from this event will assist the 5P Minus Society in spreading awareness and education to affected families and their service providers. A portion of the proceeds will also assist local children with ongoing therapy and educational needs as well as provide an avenue for families to connect and encourage other 5P- families.

**Registration:** Advanced registration before September 22, 2017  
\$15 – Kids Fun Run (12 & under)  
\$20 – 5K Run and Recreational Walk

After September 22, 2017 or day of race registration (7-8am)  
\$20 – Kids Fun Run (12 & under)  
\$30 – 5K Run and Recreational Walk

**Details:** Medals will be awarded to the top overall male and female finishers. The top 3 finishers (male and female) in the following categories will receive medals: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+ All participants will enjoy post-race refreshments and are entered into the drawing for door prizes.

Race Director: Jason Jones  
Phone: (217) 550-5762  
Email: [jdanjones@gmail.com](mailto:jdanjones@gmail.com)

### Wade's 5K for 5P

Mail official entry form with check payable to **Wade's 5K for 5P** to:  
Wade's 5K for 5P, PO Box 511, Monticello, IL 61856

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age on Race Day: \_\_\_\_\_ Male:\_\_\_ Female: \_\_\_\_\_

Event (please circle) **5K Run** **5K Walk** or **Kids Fun Run** (12 & under) Select shirt size: **youth: S M L** **adult: S M L XL XXL**

**WAIVER**  
I know that participating in the Wade's 5K for 5P- and associated events 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 in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions trails, roads, or other surfaces encountered, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Wade's 5K for 5P Race Directors and Board Members, any and all sponsors, race volunteers, the Five P Minus Society, the City of Monticello, and the Piatt County Forrest Preserve from all claims or liabilities of any kind arising out of negligence or carelessness on the part of any person or entity indicated in this waiver. I understand that due to weather or other unforeseen events, the race itself may be altered or canceled for safety reasons. I understand that my registration fee is nonrefundable. I grant permission for the use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Guardian if under 18 years old)

Date \_\_\_\_\_