

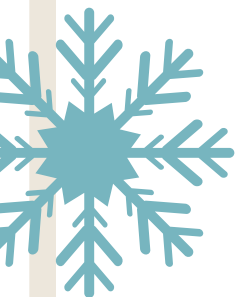


City of Chester

presents



# Jingle Bell Fun Run



Join us for

MUSIC

FUN

PRIZES

COSTUMES



Saturday  
Dec  
8th  
2018

Sign In @ 4:15pm

Race @ 5:30pm

cookies  
&  
hot cocoa

FIND US ON FACEBOOK  
SEE REVERSE FOR REGISTRATION



# 2018 Jingle Bell Fun Run

Saturday, December 8, 2018 - 5:30 PM

- ❖ Packet pick up and registration 4:15-5:15 pm  
Chester High School, 1901 Swanwick St, Chester, IL
- ❖ Race Route: Start at Chester High School, follow Swanwick Street to City Hall, return to Chester High School (approx. 1 mile)
- ❖ Registration:  
Pre-registration fee \$15 per participant  
ALL ENTRIES AFTER NOVEMBER 23RD WILL BE \$20  
(Race day registration will be accepted)
- ❖ Contact: Brandy Maes (618-615-7020)  
Find Us On Facebook

### One Application Per Registration Form

Make checks payable to: City of Chester

Mail registration & fee to: City of Chester, % Jingle Bell Fun Run,  
1330 Swanwick Street, Chester, IL 62233

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

T-shirt Size: Youth  Small  Medium  Large  
Adult  Small  Medium  Large  
 XL  2XL (add \$2)  
 3XL (add \$3)

\* Registration and fee must be received by November 23rd  
to guarantee shirt & size \*

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this information carefully and be aware that in signing the form and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with or associated with this event.

I recognize and acknowledge that there are certain risks of physical injury to participants in this event and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may have (or to accrue to me) as a result of participating in this event against the City of Chester, including their officials, agents, volunteers, employees, and sponsors.

In the event of an illness, injury or medical emergency during the event I hereby authorize and give consent to Event personnel to secure treatment for my immediate care with any accredited hospital and for any treatment deemed necessary by a physician. I consent to medical transportation if needed.

I understand that I will be fully responsible for any and all costs arising from the above mentioned.

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

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

Signature: \_\_\_\_\_

Signature of Parent  
or Guardian if Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_