

**9<sup>th</sup> Annual Chillifest**  
**5K Run/Walk**  
**Saturday, October 15<sup>th</sup>**  
**9 a.m.**  
**Taylorville, IL**

Registration Fees (non-refundable)

By October 7<sup>th</sup> Deadline-----\$15  
 Day of Race -----\$18

Check-in and registration will take place next to the Start/Finish line on the Southeast corner of the Square from 7:45-8:45 a.m. The course will go south on South Main to the Manner's Park entrance, circling the park twice, before heading north on South Main to the Finish Line. Call Bailey Hancock at 217-824-5878, or email [bailey@taylorvilleparkdistrict.com](mailto:bailey@taylorvilleparkdistrict.com) with any questions.

**All participants must check-in on the day of the race.**

Shirts: The first 100 entrants will receive a Chillifest T-Shirt and Logo Water Bottle. The top 3 finishers in each age group will receive a stylin high grade runners water bottle.

Entry Form

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

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: S M L XL (please circle one)

**Check One Race**

Men's 5K

Women's 5K

\_\_\_\_ 13 & under    \_\_\_\_ 55 - 59  
 \_\_\_\_ 14 - 18       \_\_\_\_ 60 & Up  
 \_\_\_\_ 19 - 30  
 \_\_\_\_ 31 - 40  
 \_\_\_\_ 41 - 50  
 \_\_\_\_ 51 - 54

\_\_\_\_ 13 & Under    \_\_\_\_ 55 - 59  
 \_\_\_\_ 14 - 18       \_\_\_\_ 60 - Up  
 \_\_\_\_ 19 - 30  
 \_\_\_\_ 31 - 40  
 \_\_\_\_ 41 - 50  
 \_\_\_\_ 51 - 54

**Waiver and release of all claims and assumption of risk.**

Be aware that in signing up and participating in this activity you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor/ward might sustain as a result of participating in any and all activities connected with and associated with this race. I recognize and acknowledge that there are certain risks of physical injury to participants in this activity and I agree to assume the full risk of any and all injuries, damages or loss regardless of severity, that my minor/ child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor/child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Taylorville Park District, Taylorville Grater Chamber Of Commerce, and Chillifest Committee, including but not limited to its officials, agents, volunteers and employees. I have read and fully understand the above information, warning of risk, assumption of risk and waver and release all claim, I understand that the race committee may remove and individuals from the race for unsportsman like behavior and will forfeit entry fee.

Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*18 years or older or Parent/Guardian

\*Make checks payable to the Greater Taylorville Chamber of Commerce

Mail to: Bailey Hancock  
 Re: Chillefest 5K Race  
 P.O. Box 263  
 Taylorville, IL 62568