

# ZACHARIAS SEXUAL ABUSE CENTER

# RACE TO ZERO



**5K** Run  
Walk  
**1 Mile**  
Family Fun Run

## TO END SEXUAL VIOLENCE

SUNDAY, APRIL 23, 2017 Independence Grove Forest Preserve, Libertyville  
9 AM Race/ 8 AM Registration Stay and enjoy the Family Finish Line Celebration

### CHOOSE AN EVENT

- 5K Run/Walk       1-Mile Family Fun Run

Registration for:

- Individual Adult** (13 and over) \$25.00  
 **Individual Youth** (12 and under) \$15.00  
 **Team Member Adult** (13 and over) \$25.00  
 **Team Member Youth** (12 and under) \$15.00

### FILL OUT YOUR INFORMATION

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age on 4/24 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Are you part of a team?  Yes     No  
 Team Name \_\_\_\_\_  
 I am the team contact person.

**T-shirt Size** (while we will do our best, we can't guarantee sizes)

- Adult     S     M     L     XL     2X  
 Youth     S     M     L

### SIGN THE WAIVER

#### WAIVER AND RELEASE FROM LIABILITY

In consideration of the acceptance of my entry into this walking/running event, I knowingly waive the any and all claims which may accrue to me, my heirs, my estate or my assigned against all sponsors, organizers, and officials of this race including all of their agents, volunteers and employees for any damage whatsoever including injury, illness or death suffered by me at this event. I certify that I am aware of the physical stress involved in participation in this event and the consequent risk to my health, and that I have made adequate preparations to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (parent/guardian if under 18 years)

### ENTER YOUR PAYMENT INFORMATION

Registration Fee	\$
Donation	\$
TOTAL	\$

Method of Payment  
 Check     Credit Card (Visa/MC/Disc/AmEx)     Cash

First Name (as it appears on CC) \_\_\_\_\_  
 Last Name (as it appears on CC) \_\_\_\_\_  
 Street Address ( Same as registration) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_  
 Signature \_\_\_\_\_

### SET YOUR PLEDGE GOAL

My goal is to raise \$\_\_\_\_\_ to support **ZCenter's mission!**

*Download your pledge form at [www.ZCenter.org](http://www.ZCenter.org)*

### WAYS TO RETURN YOUR FORM

MAIL YOUR FORM TO ZCenter ATTN: 5K 4275 Old Grand Ave. Gurnee IL 60031	BRING YOUR FORM TO OUR EVENT Sunday, April 23, 2017 Independence Grove Libertyville
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Please make all checks payable to Zacharias Sexual Abuse Center (ZCenter).  
 Questions? 847-244-1187