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Jenny Craig

Kiddie Games Palatine Cuisine Kids Entertainment Non-Profit Organizations	Friday, Aug. 26 Saturday, Aug. 27 Sunday, Aug. 28 www.palatinstreetfest.com	
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FEATURED ENTERTAINMENT



SIXTEEN CANDLES

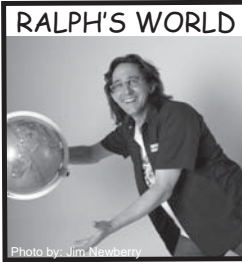


Photo by: Jim Newberry



AMERICAN ENGLISH



Palatine Park District
250 E. Wood Street
Palatine, IL 60067



Palatine Park District
8th Annual



Feet Fest



3K Family Fun Run/Walk

August 28, 2011 • 8:30 AM

Pancake Breakfast
American Legion Post 690 • 122 W. Palatine Road

9:00-11:30 am.
\$7 per person at the door

OPEN TO ALL!

STARTING TIME

3K Family Fun Run/Walk (1.86 Miles) 8:30 am

All participants must meet at Towne Square, Smith and Slade Street.

Stretches led by Castle Chiropratic 8:15 am

ENTRY FEE

Fee: \$10 pre-registered/\$15 race day
Family Fee*: If two family members pay full fee, all remaining members pay \$5 each for pre-race registration only. Must reside in same household. *Not available when registering online.

Participants will receive a t-shirt, goodie bag, and raffle ticket.

Timed finish.

REGISTRATION

Register at the Community Center, 250 E. Wood Street, Birchwood Recreation Center, 435 W. Illinois Avenue, Falcon Park Recreation Center, 2195 N. Hicks Road, or online at www.palatineparks.org by **Saturday, August 20.**

Mail To: Palatine Park District c/o Feet Fest
 250 E. Wood Street • Palatine, IL 60067

Registrations received after deadline will be returned.

RACE DAY REGISTRATION

3K Fun Run 7:30 - 8:15 am

Race day registration will be held at Towne Square, Smith and Slade Street.

PACKET PICK-UP

Packet pick-up will be available at the Community Center, 250 E. Wood Street, Thursday, August 25 from 8:30 am to 7:00 pm, Friday, August 26 from 8:30 am to 4:30 pm, and Saturday, August 27 from 8:30 am to 2:00 pm.

**No dogs, strollers, rollerblades on the course.
 No gear check available at the event.**

A portion of the proceeds benefit the Palatine Park Foundation.

Street Fest Feet Fest Entry Form

Please fill out completely. Waiver must be signed.

PLEASE PRINT

FOR OFFICE USE ONLY					
CA	CK	CG	R	NR	
SR	SCH	EMP			
checked by _____			date _____		
processed by _____			date _____		

Date _____ Payment being made by _____ (last name) (first name)

Home address _____ Apt. # _____

City/State/Zip _____

Primary Phone _____ Work/Cell Phone _____ Email _____

Prog #	Registrant's Full Name	*T-Shirt Size	Sex	Birthdate	Fee	Office Use
6705-2						
6705-2						
6705-2						
6705-2						
6705-2						
6705-2						

Drop off or mail to: Palatine Park District c/o Feet Fest
 250 E. Wood Street, Palatine, IL 60067

Check payable to Palatine Park District

Method of payment: Cash Check Visa Mastercard Discover

Total \$

Card # _____ Security Code _____ Exp Date _____

Print Name _____ Signature _____

***T-Shirt Sizes - Youth S, M, L
 Adult S, M, L, XL, XXL
 Sizes are not guaranteed.**

ALL PARTICIPANTS MUST SIGN THIS SECTION

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Village of Palatine, Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

Signature (If under 18, parent/guardian's signature) _____

Family (if under 18, parent/guardian's signature)

Name #1 _____ Name #4 _____

Name #2 _____ Name #5 _____

Name #3 _____ Name #6 _____