



# 2017 Run for the Mind Registration Form

Participant Name ..... Phone .....

Email .....

Address .....

City ..... State ..... Zip Code .....

**Age Category**

14 & Under     15-19

20-29         30-39

40-49         50-59

60-69         70+

**T-Shirt Size**

Small

Medium

Large

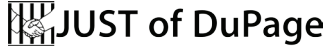
X-Large

2X-Large\*

3X-Large\*

Male     Female

5K Run     5K Walk



I recognize and acknowledge that there are certain risks of physical injury to participants in this race and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have as a result of participating in this program against NAMI DuPage and JUST of DuPage, including its officials, sponsors, volunteers, and employees.

.....  
**Waiver Signature**  
(Parent signature required if participant is under 18)

### Credit Card Payment

Name on Card ..... Expiration .....

Card Number ..... Billing Zip Code .....

Signature ..... 3/4 Digit Code .....

5K Run/Walk (+\$30)     \*2/3XL T-Shirt (+\$3)

*Please make checks payable to:  
 JUST of DuPage  
 P.O. Box 1253  
 Wheaton, IL 60187*

**Registration Total:** \$ .....

**Additional Donations:** \$ .....

**Total Payment:** \$ .....



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