Staying active is a core component of the ELA Program, and participants engage in fitness activities every day of the week. We invite you to incorporate some fitness into your week by joining us at the annual ELA Fun Run and Walk!

MAPLEWOOD (MAY 10

ela

WHAT: Non-competitive walk/run for people with disabilities, their families, friends and community members

TIME

11AM

- WHEN: Friday, May 10 | Check-in begins at 10:30 am Walk/Run begins at 11:00 am
 Rain alternate: Friday, May 17
 You will be contacted by 8:30 am in the event of inclement weather
- WHERE: Maplewood Park | 900 Clay Court, Deerfield
 - WHO: ELA Family & Friends!

PARK

PARTICIPATE: Complete an attached registration form for each person attending and return no later than Friday, March 22. Registration forms can be emailed, mailed or dropped off to Becca Luecke, Recreation Manager for ELA.

Mail or Drop Off: 1221 County Line Rd., Highland Park Questions: Becca Luecke, bluecke@nssra.org, (847) 509-2400

Everyone is welcome to stay after the event to socialize and enjoy lunch together (BYOL - Bring Your Own Lunch!). Light refreshments will be available.





If you are interested in sponsoring this event, contact Laurie DeSimone, NSSRA Foundation Manager, at (847) 509-9400 x6821 or Idesimone@nssra.org.

Mitchell L. Slotnick Center, 1221 County Line Rd., Highland Park 60035 (847) 509-9400 | nssra.org



Registration Deadline: Friday, March 22 Mail or Drop Off: Mail or Drop Off: 1221 County Line Rd., Highland Park For more information or with questions, contact Becca Luecke at (847) 509-2400 or bluecke@nssra.org.

Participant's Name:									
T-Shirt Size (circle one):	S	М	L	XL	2X	3X			
Address:							_ City:	Zip:	
Primary Contact									
Name:						Phone	:	Email:	
Primary Emergency Con	tact								
Name:								Phone:	
Group Name (if applicable):					Contact Name:				
□ldo □ldo not grant	nhot	o ner	missi	on for	this n	articin	ant's nicture	a to be used in NSSRA	

] I do 📋 I do not grant photo permission for this participant's picture to be used in NSSRA publicity or brochures.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in an NSSRA program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of said program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program (including transportation services and vehicle operation, when provided). I agree to waive and relinguish all claims I or my child/ward may have as a result of participating in the program against NSSRA and its officers, agents, servants, and employees. I do hereby fully release and discharge NSSRA and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend NSSRA and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize NSSRA officials to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

EACH REGISTRATION FORM MUST BE SIGNED*

→ Participant/Parent/Guar	dian:
---------------------------	-------

Please Print Name: _____ Date: _____

*If registering by fax or electronically your facsimile or electronic signature shall substitute for and have the same legal effect as an original form signature.

