

Illinois-Peruvian American Medical Society (IL-PAMS)

A Nonprofit Organization
IRS 501 (c) (3) # 36-3723695

Jacqueline Olivo, MD
President/Committee Chair

Ricardo Bustamante, MD
Secretary

Lucy Munoz

Committee Support

Efrain Flores



REGISTRATION FORM

NAME: _____

EMAIL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____

DATE OF BIRTH: _____

Are you: RUNNING or WALKING

Gender: MALE FEMALE

T-Shirt size: SMALL MEDIUM LARGE X-LARGE

Please select your age group for purpose of medal awards

(RUNNERS ONLY):

15 or less 16-30 31-45 46-55 56-65 66-75 76 & ABOVE

PLEASE TELL US HOW YOU HEARD ABOUT THIS EVENT:

www.ilpams.org

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WAIVER FORM

In consideration of you accepting this entry, I, _____,
intending to be legally bound and hereby waive or release any and all right and claims
for damages or injuries that I may have against the Event Committee, Illinois Peruvian
American Medical Society, and all of their agents assisting with the event, sponsors and
their representatives and employees for any and all injuries to me or my personal
property. This release includes all injuries and/or damages suffered by me before,
during or after the event. I recognize, intend and understand that this release is binding
on my heirs, executors, administrators, or assignees. I also authorize the use of
photographs or videos that include my image for promotional, informational, or other
reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am
physically fit and sufficiently trained for the completion of this event and that my physical
condition has been verified by a licensed Medical Doctor. By submitting this entry, I
acknowledge having read and agreed to the above waiver.

Name (Please

Print): _____

Signature: _____

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Date: _____

Parent/ Guardian

Signature: _____

(Parent/ Guardian Signature is required if participant is under the age of 18)