

# Illinois-Peruvian American Medical Society (IL-PAMS)

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

Julio Fernandez, MD  
President

Jacqueline Olivo, MD  
Treasurer/ Committee Chair

Jose M. Galvez, 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:**

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[www.ilpams.org](http://www.ilpams.org)

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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: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian

Signature: \_\_\_\_\_

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