

# 2022-23 Gameball Run T-shirt Order

Return this order form to your classroom teacher with payment. Pre-ordered t-shirts will be sent home with children weekly. All students are encouraged to wear their Gameball Run t-shirts to school on Friday, February 10<sup>th</sup>!

**LAST DAY TO ORDER A GAMEBALL T-SHIRT IS FRIDAY, JANUARY 27<sup>th</sup> - BE SURE TO GET YOURS NOW!**  
(T-shirts will be available at MHS through Feb 10)

Please indicate your quantity under the t-shirt size you are ordering. Total your t-shirt quantity and costs.

T-shirt - \$12		Youth Run Package - \$25 (t-shirt, run & bib)		I would like to run with my child - \$50 (t-shirt, run & bib)	
A=Adult	Y=Youth	A=Adult	Y=Youth		
AS	YS	AS	YS	AS	
AM	YM	AM	YM	AM	
AL	YL	AL	YL	AL	
AXL	YXL	AXL	YXL	AXL	
AXXL		AXXL		AXXL	
<p><b>Total Qty. T-shirt ONLY</b> _____ <b>Total Qty. Run Package</b> _____ <b>Total Qty. Run Package</b> _____</p> <p><b>Total Cost T-shirt ONLY</b> \$ _____ <b>Total Cost Run Package</b> \$ _____ <b>Total Cost Run Package</b> \$ _____</p> <p><b>Additional Donation.</b> \$ _____ <b>Additional Donation</b> \$ _____ <b>Additional Donation</b> \$ _____</p> <p style="text-align: right;"><b>Overall Total</b> \$ _____</p>					

Make checks payable to OSF Children's Hospital of Illinois or send EXACT cash only.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**All participating runner's names need to be listed on this form and it must be signed.**

## Waiver Release for Gameball Run Runner Participation

(This must be signed for each runner, student or adult, in your family)

I know that running a race is a potentially hazardous activity. I know that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event. I also understand that the race may be canceled because of inclement weather and I am not entitled to a refund. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the city of Morton, Morton School District 709, Children's Hospital of Illinois, ShaZam Racing, Running Central and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature \_\_\_\_\_

Guardian (if under 18 years) \_\_\_\_\_

Signature \_\_\_\_\_

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Signature \_\_\_\_\_

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