



Name: _____ Event: Walk / Run

Date of Birth: _____ Gender: _____

Email: _____

Address: _____

T-Shirt Size: _____
(if registered before June 10th)

Price through June 10th:

Kids 10 & Under: Free

Students 11-18: \$15

Adults 18+: \$25

Price after June 10th:

Kids 10 & Under- Free

Students 11-18: \$20

Adults 18+: \$30

Checks can be made out to REACH Waupun with

“Rally & Run” in the memo and sent to:

PO Box 302

Waupun, WI 53963

Thank you for supporting REACH Waupun and our mission of providing positive, lasting change in the lives of Waupun area youth!

For any questions, please contact Ellie Tenpas at marketing@reachwaupun.org

REACH Rally & Run Participant Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, and all of their agents assisting with the event, sponsors and their representatives, volunteers 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 know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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 a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature: _____

Date: _____