

n^orthlakes community clinic

5k Fun Run/Walk REGISTRATION & WAIVER.

Saturday, July 22, 2017 8:00AM Registration, Race begins at 9:00 AM

One registration form is required per participant.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Would you like to be emailed with NorthLakes News & Updates? Yes No

Date of Birth ____/____/____ Gender _____

Waiver: I hereby declare, assert and affirm that participation in NorthLakes Community Clinic 5K Fun Run/Walk is done voluntarily and knowingly assume ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Event, specifically NorthLakes Community Clinic, and Minong Summer Days, their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of Wisconsin's Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

Print Name _____ Date _____

Signature _____

Parent/Legal Guardian must sign if participant is under the age of 18.

Do you have any questions we can help answer for you? _____

