

**Choose to Move 5K Run/Walk**

**% of proceeds will go to Shawano Rural Health Initiative  
September 3, 2015 - 6:30PM – Shawano County Fair  
Registration Form**

One registration form is required per participant.

I plan to:  Run  Walk

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

**T-Shirts** will be provided to all pre-registered runners. Those registering on race day will receive shirts on a first-come first-served basis. Available sizes are:

YOUTH: S M ADULT: S M L XL XXL (Circle One)

**Payment**

Adult Pre-registration until 8/20/15 \$20.00  
 Adult Registration from 8/22/15 through Race Day \$25.00  
 7 to 17 --- \$10.00  6 and under FREE

\_\_\_\_ Enclosed is my check for \$\_\_\_\_\_ payable to the **Shawano County Ag. Society. PO BOX 454, SHAWANO, WI 54166**

**Waiver:** I hereby declare, assert and affirm that participation in the choose the move 5K Run/Walk is done having voluntarily and knowing assumed 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 Shawano County Ag Society, Shawano Cty Fair, rural health Initiative, Shawano County, 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 Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route. **IN CASE OF RAIN, AND THE EVENT IS CANCELED ALL PRE REGISTRATION FUNDS WILL BE REFUNDED BY MAIL ....**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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