

2010 Rotary Fun Run/Walk for a polio free world

Saturday • August 7, 2010

registration time: **8:00am-9:00am**

5K Run/Walk: **9:00am**

this event takes place at the **Centralia Center** located at

220 3rd Avenue South in Wisconsin Rapids

T-shirt for pre-registration ONLY

Pre-register by **July 24, 2010**



event takes place rain or shine!

individual registration

first name _____ last name _____ date of birth _____ age on August 7, 2010 _____

address _____ city _____ state/zip _____ male female

home phone _____ work phone _____ cell phone _____

shirt size (mark ONE) **CH**-child **S**-adult small **M**-adult medium **L**-adult large **XL**-adult x-large **XXL**-adult xx-large

family member registration

first name _____ last name _____ date of birth _____ t-shirt size _____

payment

\$15.00 5k run/walk
pre-registration cost

\$30.00 Family (two adults & unlimited children prior to July 24, 2010)
pre-registration cost

\$ _____ **total amount enclosed**

please make checks payable to: **Rotary Polio Plus Run**

please send registration & check to: **Rotary - Sunrise, PO Box 1181, Wisconsin Rapids, WI 54495-1181**

for office use only.

payment type _____

amount due \$ _____

payment \$ _____

payment date _____

race # _____

release and waiver (for all above names listed)

I/We know that running/walking/wheeling in a road race is a potentially hazardous activity. I/We should not enter unless I/we am/are medically able and properly trained. I/We also know that, even though police protection will be provided, there may be traffic or other hazards on the course route. I/We expressly assume any and all risks associated with participation in this event but not limited to falls, traffic, contact with another participant, the effects of weather, and condition of the roads. Knowing these facts, and in consideration of your acceptance of my/our entry fee, I/we hereby, for myself/ourselves, my/our heirs, executors, administrators, or anyone else who might claim on my/our behalf, covenant not to sue, and waive release, and discharge the Polio Fun Run/Walk and all of its officers, directors, agents, employees, legal representatives and event sponsors from any and all claims of liability for death, personal injury or property damage of any kind or nature out of active or passive negligence of the Polio Fun Run/Walk/ This release and waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown.

I/We agree that the Polio Fun Run/Walk officials have the right to remove me/us from the race if they are of the opinion it is in my/our best interest or the best interest of the Polio Fun Run/Walk that I/we be removed. I/We further grant permission to this race and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. I/We have read the foregoing and certify my/our agreement by my/our signature(s) below.

Signature of Participant (if over 18 years of age): _____ Date: _____

Parent/Guardian Signature (if participant is under 18 years of age): _____ Date: _____