**April 8, 2017**

 **Registration 8:00 – 9:30 a.m.**

**Kids Run 9:30 a.m.**

**5K Run/Walk 10:00 a.m.**

**13th Annual Run The Rapids**

***April is recognized as Child Abuse Prevention month. Please join the Wood County Task Force on Child Abuse in raising awareness of this issue by participating in the 13th Annual Run the Rapids 5K Run/Walk. All proceeds from this event go toward education and prevention of child abuse and neglect in Wood County***

**Registration Form: Run the Rapids 5K**

**PRIMARY CONTACT:**

**Name:**

Address:

City: St:  Zip:

Age (on race day): Gender: M or F

Email:

Phone Number:

Tshirt (long-sleeve): Adult— XS S M L XL XXL($2 extra) Child— S M

□ Timed Runner □ Untimed Runner/Walker

**Name:**

Age (on race day): Gender: M or F

Tshirt (long-sleeve): Adult— XS S M L XL XXL($2 extra) Child— S M

□ Timed Runner □ Untimed Runner/Walker

**Name:**

Age (on race day):  Gender: M or F

Tshirt (long-sleeve): Adult— XS S M L XL XXL($2 extra) Child— S M

□ Timed Runner □ Untimed Runner/Walker

**Primary Contact:**

**Entries received after March 22nd are NOT guaranteed a shirt**

Name:

**RELEASE AND WAIVER:**

I know that running/walking/wheeling in a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I also know that, even though police protection will be provided, there may be traffic or other hazards on the course route. I 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 roads. Knowing these facts, and in consideration of your acceptance of my entry fee, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive release, and discharge the Wood County Task Force 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 Task Force. This Release and Waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown.

I agree that the Child Abuse Prevention 5K officials have the right to remove me from the race if they are of the opinion it is in my best interest of the best interest of the Child Abuse Prevention 5K that I be removed. I further grant permission to this race and/or agents authorized by then, to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. I have read the foregoing and certify my agreement by my signature below.

MAKE COPIES OF ENTRY FORM AS NEEDED

Child Abuse Prevention 5K

P.O. Box 8095

Wisconsin Rapids, WI 54495-8095

**COST**

$20 per adult, age 14+(includes long sleeved shirt)

$10 for kids age 4-13 (includes long sleeved shirt)
Children 3 and under are FREE – no shirt

**Total # Individuals: \_\_\_\_\_\_\_**

**Total Enclosed: $\_\_\_\_\_\_\_\_**

**Waiver for Run the Rapids 5K on the back
\* Everyone must sign. Guardian must sign for minors**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Return form along with check payable to:**

Wood County Task Force on Child AbusePO Box 8095
Wisconsin Rapids, WI 54495-8095

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