**Medford Chamber of Commerce**

**Harvest Days 5K**

5K Run/Walk

Thursday October 26, 2017 @ 5:30pm

Registration will be @ 4pm at **Marilyn’s Fire Station** until race time.

(157 S. Whelen Ave in Medford 715-748-2636)

**Music/Food/Beverages available all night**

\*Medals to top finisher in each age group and this is a timed race\*

**$20 Pre-Registration**

**$25 Race Day Registration**

**Make check payable to MACC or we accept cash/credit card**

**MACC PO Box 172 Medford WI 54451**

**Please call 715-748-4729 for more information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** Male Female **AGE:** 19 & Under 20-29 30-39 40-49 50-59 60-69 70+

**Shirt Size (circle one)**

S M L XL

No entry will be accepted without a signature. This contains a release and a waiver. Signing it precludes any claim for injury. I know that participating in this race is a potentially hazardous activity. I understand that I should not participate in the event unless I am properly trained and am in good physical conditions. Knowing these facts, I am entering this event at my own risk and assume all risk and responsibilities for injuries I may incur or cause as a result of my participation in this event. In consideration of the acceptance of my entry, I for myself, and anyone entitled to act on my behalf, agree not to hold any and all participating sponsors, supporters, volunteers, directors, employees or agents of Taylor County, on the City of Medford and the officers and employees of such entities, or any group or individual not identified herein, responsible for any claims. Furthermore, I release and waive the sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though the liability may arise out of negligence or carelessness on the part of the person named in this waiver

***SIGNATURE DATE***