

Remembering Jesse Parker Races

Saturday - June 15, 2019

Race Registration Form

Complete one form for each participant (please print) & sign waiver.

Please read carefully & fill out completely!

Mail with registration fee to: Remembering Jesse Parker Races, PO Box 606, Tomah, WI 54660

Participant Name: _____

Gender: Male Female Age (on June 15, 2019): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

EVENT (choose ONLY one): **ENTRY FEE** _____.

5K Run/Walk Individual: \$20 thru May 1, \$25 thru June 1, \$30 until Race Day

5K 4 or 5 person Team: \$75 thru May 1 ONLY

Team Name: _____

(4 or 5 person teams ONLY. Each team participant to complete a registration form)

5 Mile Run: \$25 thru May 1, \$30 thru June 1, \$35 until Race Day

1K Senior Stroll: \$10 thru May 1, \$15 thru June 1, \$20 until Race Day

1K Special Needs Stampede: \$10 thru May 1, \$15 thru June 1, \$20 until Race Day

Sleeping In / Out of town: \$15 until Race Day

½ Mile Lil'Firecracker Run (Ages 9-12): \$7 thru May 1, \$10 thru June 1, \$13 until Race Day

¼ Mile Lil'Firecracker Run (Ages 5-8): \$7 thru May 1, \$10 thru June 1, \$13 until Race Day

SHIRT:

Adult Shirt **Material:** Tri-blend performance

Size: XS S M L XL XXL(\$2 extra) XXXL(\$2 extra)

Lil'Firecracker Shirt **Material:** Dry Tech

Size: Youth Small Youth Medium Youth Large Adult Small

I, the undersigned, fully recognize the inherent risk of participating in the Remembering Jesse Parker 5 MILE run, 5K run/walk, Little Firecracker races, Senior stroll and Special Needs Stampede, and Angel Dash and fully understand that it is not the exclusive purpose of these races or their officials, sponsors, and director to serve as guardians of my safety. I hereby release the Remembering Jesse Race Committee, City of Tomah, Tomah Area School District, St. Mary's Church, Lioness Club, race director, and race workers and volunteers from any liability arising from any occurrence, whether foreseen or unforeseen, in connection with the individual races, which may result in injury, death, or other damage to me. I hereby assume full responsibility of the risk of any accidental occurrence resulting in injury, death, or other damage to my children participating in this event and further waive any claim by me, or my family, estate, heirs or assigns, arising from accidental occurrence. I further assume full responsibility for my physical fitness and capability to perform under the normal conditions of the event. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby certify that I am of lawful age and legally competent to sign this waiver and release and further certify that I am fully informed of the content of the waiver and release. I release consent and allow the Remembering Jesse Race Committee and its agents to use my photograph or my child's photograph as it pertains to me/my child's participation with the Remembering Jesse Parker races in any manner for promotional efforts without any expectation of any reimbursement in connection with its use.

Please Sign (under 18 must have parent sign): _____ Date: _____

PLEASE DO NOT SEND CASH- THANK YOU!

Make checks payable to: Remembering Jesse Parker Races

Applications received without fee are not valid