



Keep Kosrae Prayed For & Cared For 5K Fun Run/Walk Registration Form

(one person per form please)

Name: _____

Please include payment with form

Address _____

Male Female

Zip _____

E-mail _____

DOB _____

\$15/participant

Method of Payment:

- Check (made out to *Wisconsin Academy memo Kosrae 5K*)
- Cash (no cash by mail please)
- Credit Card/Online (visit www.wisacad.org and click on *Donate* at the top of the page)

Release:

I acknowledge that running/walking or volunteering to work in a fun run/walk is a potentially hazardous activity. I should not enter and run in this race unless I am medically able and have properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the "Keep Kosrae Prayed For & Cared For", Wisconsin Academy and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in the race or club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for a legitimate purpose.

Print Name _____

Date _____

Signature _____

Legal Guardian _____

(If under 18 years of age, a legal guardian's signature is required)



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ACADEMY