



Proceeds to benefit:

Children's
Hospital of Wisconsin

Pause for a Cause
5K Run/Walk

Wednesday, March 15, 2017 – 4:30 p.m.

Howards Grove High School

5K Sponsored by:

Due by March 2, 2017

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Emergency Contact Name: _____ Emergency Contact Phone Number _____

Male _____ Female _____ T-Shirt Size _____ (S-M-L-XL-XXL)

Runner _____ Walker _____

Thank you for registering for our 4th annual *Pause for a Cause* 5K Run/Walk. All proceeds will go to Children's Hospital of Wisconsin®. Below are important facts and reminders:

- Fee: **\$20.00** (Includes a *Pause for a Cause* t-shirt with special 5K back print added)
- Make checks payable to **Howards Grove High School**
- Prize for 1st place male and 1st place female.
- If possible, wear bright colors or reflective clothing. Consider the temperature when choosing your running apparel.
- Register in the high school commons, 4:00-4:20 p.m.
- Race Time – 4:30 p.m.
- Release of liability must be signed by all participants.
- Planned course will be around the high school grounds and surrounding roadways. However, it may need to be altered due to snow conditions. If race must be cancelled due to weather, no refunds will be given. You will still receive your race t-shirt. The entrance fee will be given to Children's Hospital of Wisconsin® as part of our fundraising efforts.

Release of Liability

I, and my heirs, in consideration of my participation in the **Pause for a Cause 5K run/walk on March 15, 2017 at Howards Grove School District**, hereby release The Howards Grove School District, the School Board, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for *my physical condition, for the condition or selection of course route and for the presence or actions of any other participants*. I am aware of the risks of participation, which include, but are not limited to, *the possibility of sprained muscles and ligaments, broken bones and fatigue*. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Howards Grove School District does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

(participant signature)

(participant printed full name)

(parent or guardian's signature if under 18)

(date)