

DR JOE KALLA – RUN TO REMEMBER 5K/10K AND 1 MILE FUN RUN

Entry Form:

Make Checks Payable to: **Run To Remember**

Send signed release, completed entry form, and check to:

Dr Joe Kalla - Run to Remember
c/o Wheaton Community Education
1700 3rd Ave South
Wheaton MN 56296

Cost: \$20 of all ages for 5K & 10K , \$12 Kids 1 Mile Fun Run/Walk

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Telephone Number () _____

E-Mail Address _____

Age on Race Day _____ Date of Birth ____/____/____

Sex: Male ____ Female ____ Circle one: **5KWalk/Run** **10K Run** **1 Mile Kids Fun Run**

T-Shirt Size Youth M ____ Adult Sm ____ M ____ L ____ XL ____ XXL ____

Does not guarantee a shirt in your size

Team Entry:

(Minimum of 4 per team)

Team Entry Name _____ Captain's Name _____

for office use only: Date received Check Amt. Received

Race # _____

Dr Joe Kalla – Run to Remember Waiver:

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, 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 to participate in the Dr Joe Kalla Run to Remember (herein after the "Event") to be held on August 28th, 2010 in Wheaton MN, I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators agree as follows:

1. I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of my participation in the Event against all persons, entities and agencies involved with promoting and holding the Event, including but not limited to the city of Wheaton., all of the subsidiary corporations of Travers County, Wheaton School District ISD 803, all sponsors, volunteers and vendors of the event, their agents, successors, representatives and assigns even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.
2. I assume the risk of all bodily injuries, including death, resulting there from, and personal injuries to me and damage to and loss of my property, including loss of use thereof and any other indirect or consequential damages, resulting directly or indirectly, wholly or in part, from my participation in the Event and while traveling to and from the Event.
3. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend, and hold the entities named above harmless from and against any and all claims, liabilities, losses and damages, costs, expenses (including attorney's fees) judgments and penalties arising out of any of my, and or said minors, acts or omissions to act:
4. I understand that the Event reserves the right to use any and all participant's names and/or likeness with regard to promotional and/or advertising materials.
5. I understand that all entry fees are non-refundable.

Participant / Date

Parent of Participant under the age of 18 Date

NOTE: Separate entry forms and signed waivers must be completed for each participant.