

REGISTRATION FORM:

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Emergency Contact Phone
Number _____

Email Address _____

Birthday _____ Sex M F

Age on day of event _____

Fees	1/4 mile	5K
By June 16	___ \$12	___ \$17

*T-Shirt Size Guarantee

June 17- June 29	___ \$15	___ \$20
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*No Size Guarantee

July 1	___ \$15	___ \$25
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*Cash or Check Only

*No Size Guarantee

T-shirt size:

Adult S M L XL XXL

Child—M-L



PO BOX 580,
Williams Bay, WI 53191



*5K Cross Country
Run/Walk &
1/4 Mile Kid's Run*

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Saturday, July 1, 2017
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Online Registration:
www.kishwauketoe.org

*All the proceeds from this race
go to the restoration and
maintenance of the
Kishwaukee Nature Conservancy.*

QUESTIONS? CALL WMS BAY REC. DEPT. 262-245-2720

SCHEDULE:

7:30 Registration Begins

8:00 1/4 Mile Kid's Run

8:30 5K Run/Walk

Award ceremony following the race!

Award Classes:

Male or female

ages 14 and under, 15-19

20-29, 30-39, 40-49,

50-59, 60-69, 70+

All participants will receive a t-shirt. Preregistration before June 19th will guarantee t-shirt size. Class winners will receive an award.

Enjoy water stops and refreshments after the race.

Course:

Start at KNC entrance, 251 Elkhorn Rd., Williams Bay. The course will follow the grass trails in KNC through the woods and prairie.

Parking:

Parking will be available at the Lion's Fieldhouse parking lot.

Restrooms available at Lion's Fieldhouse.
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Register online at www.kishwauketoe.org

or make checks payable to:

Kishwauketoe Nature Conservancy

(Must be postmarked by June 26th)

Williams Bay Recreation Department

310 Elkhorn Rd.—Lions Fieldhouse

P.O. Box 580,

Williams Bay, WI 53191

No refunds.

Insurance Liability Waiver :

Please read this page carefully and be aware that in registering yourself or your minor child/ward for participation in the Williams Bay Recreation Center program(s), you will be waiving and releasing all claims for injuries you or your child might sustain arising out of your participation or your child's participation in the program(s). "I recognize and acknowledge that there are certain risks of physical injury to participants in programs and I agree to assume the full risk of any such injuries, damages or losses regardless of severity, that I or my child/ward may sustain as a result of participation in any activities connected or associated with any such program." "I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against Williams Bay Recreation District, the Village of Williams Bay and its officers, agents, servants and employees." "I do hereby fully release and discharge the Williams Bay Recreation Center and its officers, agents, servants, volunteers and employees from any all claims resulting from injuries damages and losses sustained by me or by my child/ward, and arising out of, connected with or in any way associated with the activities of any of the program(s)."

I have carefully read and fully understand the release and insurance liability waiver and understand a participant's signature is required. A parent/guardian's signature is required if the participant is under the age of 18 years.

Photo Policy :

Participants or their parents (if participant is under 18) permit the taking of photos, audio, and video tapes during the WB REC DEPT activities for publication in recreation brochures, advertising, and use as the WB REC DEPT deems necessary.

PARTICIPANT NAME _____	Date: _____
SIGNATURE-(Parent /Guardian if under 18) _____	

Participants under 18 must have a guardian signed concussion waiver form found at www.wbrecdept.com