

# 5K REGISTRATION FORM



NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ AGE \_\_\_\_\_

EVENT     ☐ 5K RUN     ☐ 5K WALK     GENDER     M     F

T-SHIRT SIZE (ADULT SIZES)     SMALL     MEDIUM     LARGE     XL     XXL

PAYMENT     ☐ CASH     ☐ CHECK     ☐ CREDIT CARD (PLEASE CALL 715-384-9992)

ENTRY FEE: \$25 BEFORE 06/30; \$30 AFTER     \*ALL PROCEEDS BENEFIT THE NUTRITION  
ON WEEKENDS PROGRAM

## WAIVER AND RELEASE STATEMENT

(THIS FORM MUST BE SIGNED AND MAILED TO COMPLETE REGISTRATION)

I AGREE TO PARTICIPATE IN THIS EVENT AND/OR THE BEGINNERS TRAINING PROGRAM AT MY OWN RISK, AND IN DOING SO, ABSOLVE ORGANIZERS OF THE 5K FOR UNITED WAY, VOLUNTEERS, AND MARSHFIELD AREA UNITED WAY OF ANY RESPONSIBILITY OF MY WELLBEING.

I GRANT TO MARSHFIELD AREA UNITED WAY AND ANY SPONSORS THE EXCLUSIVE RIGHT TO THE FREE USE OF MY NAME, MY VOICE, AND/OR MY PICTURE IN ANY BROADCAST, ADVERTISING, PROMOTION OR OTHER ACCOUNT OF THIS EVENT.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF GUARDIAN (IF UNDER 18): \_\_\_\_\_ DATE: \_\_\_\_\_

Mail completed form with entry fee to:

Marshfield Area United Way  
PO Box 771  
Marshfield, WI 54449

Marshfield Area United Way  
marshfieldareaunitedway.org

