

Jackson County 4-H Clover Chase

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Sex: M/F Age: (as of August 1, 2017): _____

Race you will participating in (please check one):

___ Early Bird 1/2 - \$40 (March 22-June 22) ___ 1/2 Marathon race - \$50 (after June 22)

___ Early Bird 5K - \$20 (March 22-June 22) ___ 5K race - \$25 (after June 22)

___ 1.5 mile fun run/walk - \$20 ___ 1/2 mile kids race (ages 0-12) - \$12

T-shirt Size (please circle one): ADULT S M L XL XXL

Youth sizes for T-shirts: S M L

Extra T-shirts: Sizes & Quantities: ADULT: _____ YOUTH: _____

(T-shirts not guaranteed with registration after August 1st)

ALSO: If you would like to purchase any additional t-shirts in support of 4-H they may be purchased for only \$12 as well. Prices are the same for adult and youth sizes.

Please make check payable to:

Totals:

Jackson County 4-H Parents & Leaders Association

Race: \$ _____

Mail payment and registration to:

Extra T-shirts: x _____ \$ _____

Jackson County 4-H

Total Amount Due: \$ _____

227 South 11th Street

Black River Falls, WI 54615

Waiver and Release

I understand that participation in the Jackson County 4-H Clover Chase is voluntary and involves an element of risk or danger for participants and may cause serious injury, death or property loss. I, by submitting this form acknowledge that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including, but not limited to falls, contact with other participants, medical conditions, the effects of the weather (temperature-precipitation) and the conditions of the roads/sidewalks, all such risks being known and appreciated by me.

Furthermore I agree to yield to all traffic & emergency vehicles. I also agree not to go back onto the course after finishing. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge the Village of Merrillan, Lincoln Elementary School, Alma Center-Humbird-Merrillan School District, Jackson County 4-H, Jackson County 4-H Parents & Leaders Association and all 4-H clubs and members as well as any and all race sponsors, race officials, volunteers, local and state police, and all municipalities including any and all of their agents, employees, assigns or anyone acting for or on their behalf from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown involved from any liability for injuries or damages sustained while participating in the above activity.

I also grant full permission to sponsors and or agents authorized by them to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose.

Signature Date

Parent/Guardian Signature (if under 18) Date