





2019 RED WHITE & BLUE 5K RUN/WALK REGISTRATION FORM

First Name:				Last Name:				
Address:								
City, State, Zip:								
Email:								
Phone:			Sex: (Circle) M / F Date of B			of Birth/Age:		
					•			
Registration Fees						0.11		
5K Before 9/24/19 \$35			Registration Includes: • One t-shirt			_	Online registration available at:	
					orago	www.rea	www.redwhiteblue5k.org	
3/20/13 Nace Day	C+Ç	\$45		One mug with beverageBuffet lunch				
Shirt Size:			- Bull	et idileii				
Method of Payment (Circle One)			ck payable to Sports Authority			Credit Card (Credit Card (Visa and MasterCard)	
Credit Card Numb					Security Code	Security Code		
Expiration Date			Signature					
Billing Address:								
City				State	Zi	ip	Country	
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· · · · · · · · · · · · · · · · · · ·	try form with registration a	-	sing fee in	US Dollars to:		DO	ONATION \$	
WAUSAU CVB, 219	54403					TOTAL \$		
not enter and partiable to perform thiany aspect of my participants, the efbeing known and a radio headsets are and in consideratio Wausau/Central Wrepresentatives and liability may arise of	n below: I know that athleticipate in events unless I ames event, am in good health, articipation in this event, including the sects of the weather, including preciated by me. I understanct allowed in the race and nof your acceptance of my isconsin Convention & Visit disuccessors from all claims ut of negligence or careless	medically and am procluding the participatiring high he and that bi I will abide entry, I for ors Bureau or liabilitieness on the	able and properly training in these at and/or he cycles, skare by this gurn myself and soft any kire part of the	roperly trained and I agree to y official to de events including the boards, babideline. Having anyone entithority, its offind arising out e persons nan	d, and b abide b eny or si ng, but ic and t y strolle g read t tled to a icers an of my p ned in t	y my signature, I controlly any decision of a uspend my participant limited to: fall the conditions of the conditions and known act on my behalf, which is demployees, all shis waiver. No refundance of the conditions in this waiver.	ertify that I am medically a race official relative to pation for any reason s, contact with other ne road, all such risks blades, animals and owing these facts, vaive and release ponsors, their event even though that ands will be given.	
DATE:								
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