

2017 CARE 5K/10K WALK RUN



ONE ENTRY PER PERSON

RACE: **5K Walk** **5K Run** **10K Run**

Registration Entry Fee: \$30

Children 17 and under \$20

Late or Same Day Registration Entry : **T-shirt not guaranteed June 27-July 4th**

\$5 registration increase on July 4th

ONLINE REGISTRATION PREFERRED AT

WWW.CABLEAREACARE.ORG

Please choose your T-shirt **PERFORMANCE WEAR SHIRTS**

ADULT XS S M L XL 2XL

YOUTH S M L XL

I would like to donate \$ _____ to CARE.

Online registration is available until 7:00 A.M. July 4th at www.cableareacare.org

Name _____ DOB _____ Male/Female

Street _____ City _____ State _____ Zip _____

Phone _____ Local Phone _____ Email _____

This event is a fundraiser supporting CARE. The Mission of CARE is to make a positive difference in someone's life during a time of need by providing financial support, food, and clothing.

Volunteers for the race please email care@cheqnet.net

Waiver: I enter and run this race certifying that I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event including, but not limited to; falls, contact with other participants or spectators, the effects of the weather-including heat or high humidity, traffic or the conditions of the road surface, all such risks being know and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act for my behalf, waive and release the CARE organization, town of Cable, and all sponsors of the event, their representatives and successors from all claims or liabilities of any kind of arising out of my participation in this event even though that liability might arise out of the negligence or carelessness on the part of the person named in this waiver.

Photo Release: I permit organizers or this event to use photographic images taken during the event for promotional purposes.

Signature(parent if under 18) _____ Date 7/4/2017

Send this form to CARE, P.O. Box 92, Cable, WI 54821