



# CARE 5K/10K VIRTUAL WALK/RUN

Memorial Day Weekend- July 4th

**Run or Walk a course of your choice, or do the signed course in Cable between Memorial Weekend and July 4th. Register for either the 5K or 10K, complete and post your race on our Facebook page! This race typically raises \$10,000 for Cable Area Resources in Emergency. Each participants will be entered into a drawing to win CARE dollar Gift Certificates.**

- Adult Race Registration \$30 (circle race)      10K      5K**
- Children 17 and under \$20**
- We CARE 2020 baseball hat \$20**
  - pick up at Sweet Exchange**
  - or have sent to you.**



**One form per participant!!**

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one) 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.

[care@cheqnet.net](mailto: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.

Signature(parent if under 18) \_\_\_\_\_ Date \_\_\_\_\_

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

**Online registration at [www.cableareacare.org](http://www.cableareacare.org)**