

6th Annual

Colors of Cancer

Run & Walk

May 4, 2019 – Crandon, WI



IN PARTNERSHIP WITH

Saint Mary's Hospital
FOUNDATION

Location: Race starts and ends at the Crandon International Off-Road Raceway

Packet Pick-Up: Friday, May 3 from 2-6 pm at the front entrance of the Ascension Crandon Clinic or at the Crandon International Off-Road Raceway on Race Day.

Saturday, May 4, 2019

8:00-9:45 a.m. Registration/Packet pick up

10:00 a.m. Run Begins

Entry fee: \$35 – 18 and over

\$15 – Under 18

\$75 – Family Registration (same household only)

\$0 for Cancer Survivors (Free)

Entry fee includes:

- Race fee
- Colors of Cancer Run & Walk T-Shirt
- Post-race entertainment

We thank you for gathering your family and friends and joining us to display the colors of cancer!

Register online: <http://tinyurl.com/colorsofcancerMay2019>

Please mail completed form, waiver and payment to:
Saint Mary's Hospital Foundation
2251 North Shore Drive
Rhineland, WI 54501

Checks made payable to:
Saint Mary's Hospital Foundation
-Include "TTBU" on the memo line

For Additional Information, call Ties That Bind Us at:
715-478-6342

All race participants must submit waiver with registration form prior to participation in the event. Failure to comply will result in not being able to participate in the event

←OVER

*T-Shirts only guaranteed if registered before April 1st, 2019

No refunds will be given

Part 1 - Individual Runner					*Please print and fill out completely						
First Name:					Last Name:						
Street:					City:				State:		Zip:
Phone:		()			Email:						
Age:					Cancer Survivor:			Yes <input type="checkbox"/> No <input type="checkbox"/>			
T-Shirt:*		Youth -	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>						
		Adult -	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	2XL <input type="checkbox"/>	3XL <input type="checkbox"/>			
Signature:								Date:	/	/2017	
Signature of parent or guardian: <small>(if under 18 years of age)</small>											
Part 2 - Emergency Contact											
Name:			Phone: ()		Relationship:						
Part 3 - Family Registration ONLY (must live in the same household)											
*Complete Part 1 with one family member and list remaining names below											
*Please include if the T-Shirt is an adult or youth size											
Full Name:			Age:		T-Shirt Size:						
Full Name:			Age:		T-Shirt Size:						
Full Name:			Age:		T-Shirt Size:						
Full Name:			Age:		T-Shirt Size:						
Full Name:			Age:		T-Shirt Size:						
Full Name:			Age:		T-Shirt Size:						

For office use only: # of total runners: _____

Waiver/s signed: Y N

Payment amount: \$ _____ Check # _____ CC _____ Cash _____ Received by: _____ Date: _____/_____
/_____

6th Annual Colors of Cancer 5K Run & Walk

Waiver: I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road and that all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the race and I will abide by all race rules.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Ties That Bind Us – Forest County, Crandon International Off-Road Raceway, Colors of Cancer Run, the city of Crandon, the Township of Crandon, Saint Mary's Hospital Foundation, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

If injured, I understand that I must seek medical treatment before 8:00 PM, Saturday May 4, 2019. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

*****Each runner over the age of 18 must sign*****

Signature/s

Print Full Name/s

Parent Signature – children under 18 years old

