



5K Fee: \$25 **10K Fee:** \$35
Youth Shirt (9 & under): \$10

WCBC Milky Miles 5K & 10K Registration Form

Name: _____ **Cost:** \$25 \$35 \$10 Free (9 & under - no shirt)

Address: _____

Phone Number: _____ **Email:** _____

Gender: Male Female **Age on Race Day:** _____ **Event:** 5K 10K

Shirt Size: Youth: S M L • Ladies: S M L XL 2XL • Mens: S M L XL 2XL

Name: _____ **Cost:** \$25 \$35 \$10 Free (9 & under - no shirt)

Gender: Male Female **Age on Race Day:** _____ **Event:** 5K 10K

Shirt Size: Youth: S M L • Ladies: S M L XL 2XL • Mens: S M L XL 2XL

Name: _____ **Cost:** \$25 \$35 \$10 Free (9 & under - no shirt)

Gender: Male Female **Age on Race Day:** _____ **Event:** 5K 10K

Shirt Size: Youth: S M L • Ladies: S M L XL 2XL • Mens: S M L XL 2XL

Name: _____ **Cost:** \$25 \$35 \$10 Free (9 & under - no shirt)

Gender: Male Female **Age on Race Day:** _____ **Event:** 5K 10K

Shirt Size: Youth: S M L • Ladies: S M L XL 2XL • Mens: S M L XL 2XL

**Only those who paid the 5K/10K race fee are timed

Total Enclosed: _____

Make checks payable to:

Wood County Health Dept.

Send money & registration form to:

Wood County Health Department

Attn: Amber France

111 W Jackson Street

Wisconsin Rapids, WI 54495

Waiver for the 5K/10K Milky Miles

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of an assurance of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the course. I, for myself and heirs and executors, hereby waive, release and forever discharge the event's organizers, sponsors, promoters and each of their agents representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, web site images, recordings, or any other record of this event.

Signature of Applicant/(Guardian): _____ Date: _____

For questions, contact Amber France at 715-421-8911 or afrance@co.wood.wi.us