



April 11th, 2015 Fort Atkinson Middle School 310 S 4th St, Fort Atkinson, WI
 5K Run Walk – 9:00 a.m. Youth Mile – 10:30 a.m. Awards & Activities to Follow
 To register online, go to www.fortscoutrun.com
 For additional information email fortscoutrun@gmail.com

FIRST NAME _____ LAST NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL _____ PHONE _____

GENDER: M F D.O.B. _____ (Required) AGE ON RACE DAY _____

****Please circle your age group (this registers you for the 5K or Youth Mile)**

5K Age Groups: 10 and Under 11-15 16-20 21-30 31-40 41-50 51-60 61+
 Youth Mile: 6 and Under 7-8 9-10 11-12 13-14 15-17

5K RUN/WALK REGISTRATION FEES

\$25 if postmarked by March 31; \$30 after March 31st

T-Shirt Size (Please Circle): Youth YS YM YL Adult AS AM AL AXL

YOUTH MILE REGISTRATION FEES

\$10 though race day—NO SHIRT

Add \$5 for youth shirt. Must be paid by March 31st.

T-Shirt Size (Please Circle): Youth YS YM YL Adult AS AM AL AXL

Pack/Troop Number (If Applicable) _____

MAKE CHECKS PAYABLE AND MAIL TO: FORT SCOUT RUN; W7742 Hwy 12; FORT ATKINSON, WI 53538

NO REFUNDS: I understand that the entry fee is non-refundable and non-transferable. I also understand the race will take place regardless of inclement weather. The exception would be for a delay due to lightening.

WAIVER: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, and sponsors of the 2015 Fort Scout Run for injury or illness which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event. I have carefully read and fully understand this agreement. I am aware that this is a release of liability, a promise not to sue, and a contract between myself and the event parties that will bind my marital community, heirs, personal representative, assigns, and all members of my family, including any minors, and I sign this agreement of my own free will.

Participants Signature (if under 18 – Parent's Signature) _____

Date _____

For Office Use Only

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