

## STATE CROSS COUNTRY MEET

UW Parkside Cross Country Course, Kenosha WI July 27<sup>th</sup>, 2019 2:00 p.m.

Complete form; acknowledge waiver agreement, sign, and date. Mail to:

□ Individual \$18.00  800 meters - start time 2 p.m.  1600 meters - start time 2:25  5000 meters - start time 3:10  □Special Olympic Challenge \$26.00  All three event	Kenosha Running Company PO Box 126 Kenosha WI 5314 <sup>2</sup> ***Make check payable to Kenosha Running Company Inc. http://www.xcthrillogy.com (262)925-0300  p.m.  Please visit the above website for more information or to register online.
Full Name:	
Address:	· · · · · · · · · · · · · · · · · · ·
	<del> </del>
Phone:En	nail:
Age on Event Date:	Male or Female
legally bound, do hereby for myself, heirs, executors, an damages which I may have or which may hereafter occu division thereof, all other cooperating agencies in this ra	te Cross Country Meet (a Kenosha Running Company event) I, intending to be d assigns, waive, release, and forever discharge any and all rights and claims for ur to me against the Kenosha Running Company, Inc. or any subsidiary or political ce, its or their respective officers, agents, representatives, successors, assigns, and led and suffered by me in connection with my association with or entry to participate
photograph, or video in all forms, media and manners, w exhibition, or any other lawful purposes. I waive the righ	ees, and legal representatives, the irrevocable right to use my picture, portrait, vithout restriction as to the changes or altercations, for advertising, trade, promotion, at to inspect or approve the photographs or electronic matter that may be used in use is known to me or unknown, and I waive any right to royalties or other mages.
I have read, understand, and agree to	this waiver:
Signature:	
Additional Signature:	
Signature Parent/Guardian (if under 18):	