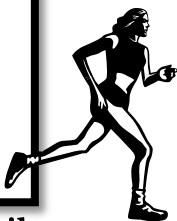


# Sue Babcock Memorial 5K Run/Walk



**Event Details**  
 Sunday, June 24<sup>th</sup>, 2018

To benefit the  
**Miles Kadlec Family**

**\$25.00 per participant**  
 \*stroller riders are free

**Registration**  
 6:30 a.m. - 7:15 a.m.

Event Begins at  
 7:30 a.m. SHARP

**Location:**  
 Evergreen Golf Course  
 N6246 US Hwy 12, Elkhorn

----- \$25.00 Run/Walk Fee  
 • Includes Run/Walk, event t-shirt, water throughout the course and post run snack (lunch not included) Medal prizes in each age group.

----- \$12.00 Adult Lunch to be served after 11:00 a.m.

----- \$ 7.00 Child Lunch to be served after 11:00 a.m.

----- TOTAL of above charges  
**Signup Deadline:**

**June 16<sup>th</sup>, 2018 to be guaranteed the correct shirt size**  
**Make Checks Payable to Kade's Klassic**  
**May Register the Day of Event - Shirts are limited.**

## REGISTRATION FORM

|   |        |        |  |
|---|--------|--------|--|
| Name:                                   |        | Age:   |  |
| Address:                                |        |        |  |
| City                                    | State: | Zip    |  |
| Email Address                           |        | Phone: |  |
| T-Shirt Size: S M L XL XXL (Circle One) |        |        |  |

Each Participant must fill out a registration form.

Please send payment and registration form to:  
 Kade's Klassic, P.O. Box 73, Elkhorn, WI 53121

Please visit our website at  
[www.kadesklassic.com](http://www.kadesklassic.com)

## WAIVER FOR PARTICIPANT

I HEREBY CERTIFY THAT I AM NOT UNMINDFUL OF THE DANGERS OF COMPETING IN ROAD RACES AND I AGREE TO ASSUME THE RISKS THAT GO ALONG WITH ENGAGING IN STRENUOUS ACTIVITY ON PUBLIC STREETS. I AGREE THAT, IN THE EVENT OF MY INJURY OR DEATH WHILE RACING IN THE KADE'S KLASSIC 5K RUN/WALK OR PARTICIPATING IN ANY OTHER ACTIVITY REMOTELY ASSOCIATED WITH THE RACE, NEITHER I, NOR MY RELATIVES OR REPRESENTATIVES WILL SUE ANY PERSON OR ORGANIZATION HELPING WITH THE RACE FOR DAMAGES; EVEN IF MY INJURIES WERE THEIR FAULT. I HAVE CONFIRMED WITH MY DOCTOR THAT I AM PHYSICALLY SOUND AND READY TO RUN OR WALK IN THE RACE AND I ASSUME RESPONSIBILITY FOR MY OWN PHYSICAL WELL-BEING BEFORE, DURING AND AFTER THE RACE.

SIGNATURE OF PARTICIPANT \_\_\_\_\_  
 (PARENT OR GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER AGE 18)

This form may duplicated. Find this printable form on our website.