	EVENT REGISTRATION FORM
www.kenosharunningcompany.com	Complete form; acknowledge waiver agreement, sign, and date. Mail to:
MIDWEST CHAMPIONSHIPS	Kenosha Running Company PO Box 126 Kenosha WI 53141 ***Make check payable to Kenosha Running Company Inc. http://www.xcthrillogy.com (262)925-0300
 □ 3.5 mile short course a.m. \$3 □ 7.0 mile long course a.m. \$3 □ 1.5 mile short course p.m. \$3 	4.00 http://www.raceentry.com/race-reviews/canicross-chamipionships Additional online fees may apply
□ Second event \$17.00	Optional Donation to Kenosha County Parks. \$
Full Name:	
Address:	
Address: City, State, Zip:	
Address: City, State, Zip: Phone:	
Address: City, State, Zip: Phone:	Email:
Address: City, State, Zip: Phone: Age on Event D Dog's Name	Email: ate: Male or Female

claims for damages which I may have or which may hereafter occur to me against the Kenosha Running Company, Inc. or any subsidiary or political division thereof, all other cooperating agencies in this race, its or their respective officers, agents, representatives, successors, assigns, and sponsors for any and all damages which may be sustained and suffered by me in connection with my association with or entry to participate in the Midwest Championships events,

I give Kenosha Running Company, their assigns, licensees, and legal representatives, the irrevocable right to use my picture, portrait, photograph, or video in all forms, media and manners, without restriction as to the changes or altercations, for advertising, trade, promotion, exhibition, or any other lawful purposes. I waive the right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now, or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of said images.

I have read, understand, and agree to this waiver:

Signature: _____

Signature Parent/Guardian (if under 18): _____