EVENT REGISTRATION FORM



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

□ Individual Choose your own Adventure \$34.00	Kenosha Running Company PO Box 126 Kenosha WI 53141 ***Make check payable to Kenosha Running Company Inc. http://www.xcthrillogy.com (262)925-0300
□ Couple* Choose your own Adventure \$60.00 *couple is husband/wife, parent/minor child, or partners living in same household.	For more information or to register online visit: http://www.xcthrillogy.com/im-schnee-festsitzen-trail-run.html
□ 3.0 mile CaniCross \$34.00	Optional Donation to Military Program. \$
Full Name:	
Address:	
City, State, Zip:	
Phone:Emai	l:
Age on Event Date:	Male or Female
Additional Athlete Name:	Male or Female
Email:	Age on Event Date:
myself, heirs, executors, and assigns, waive, release, and for which may hereafter occur to me against the Kenosha Runnin cooperating agencies in this race, its or their respective office	enosha Running Company event) I, intending to be legally bound, do hereby for ever discharge any and all rights and claims for damages which I may have or ng Company, Inc. or any subsidiary or political division thereof, all other rs, agents, representatives, successors, assigns, and sponsors for any and all nection with my association with or entry to participate in the im Schnee
photograph, or video in all forms, media and manners, withou exhibition, or any other lawful purposes. I waive the right to in	nd legal representatives, the irrevocable right to use my picture, portrait, it restriction as to the changes or altercations, for advertising, trade, promotion, aspect or approve the photographs or electronic matter that may be used in a known to me or unknown, and I waive any right to royalties or other is.
I have read, understand, and agree to thi	s waiver:
Signature:	
olghature.	