Sponsors

MUNICIPAL WELL & PUMP
A Division of Midwest Well Services, Inc.

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Helen's Kitchen

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the black long furniture store

Waupun Wild Goose Chase
P.O. Box 26
Waupun, WI 53963

WAUPUN'S WILD GOOSE CHASE 2014

SEPTEMBER 6TH

5K / 10K Starts at 8:30 AM
Youth Fun Run ~ 10:00 AM

Send in registrations to:

Wild Goose Chase
PO Box 26
Waupun, WI 53963

ONLINE ENTRY FORM
http://www.waupun.k12.wi.us/jrsrhigh/booster.cfm

Sponsored by the
Waupun Athletic Booster Club

Entry Fee

ALL PROCEEDS GO TOWARDS THE CONSTRUCTION OF THE NEW ATHLETIC COMPLEX.

5K and 10K

Run/Walk (8:30 AM)

$20 through August 31st

$25 after

Fun Run (after the 5K/10K ~ 10:00 AM)

$5.00 through August 31st

$10.00 after

Goose Chase T-shirts to all pre-registered runners

Fees Are Non-Refundable

New course alterations to improve runners' safety.

START and FINISH AT (See Map):

Rock River Intermediate School.
451 E. Spring Street
Waupun, WI 53963

AGE DIVISIONS	
AGE	AWARDS
10-20	1
21-30	1
31-40	1
41-50	1
51-60	1
61-70	1
71-80	1
81-90	1

Directions to the Wild Goose Chase

PLEASE PRINT

LAST _____ FIRST _____

AGE ____ GENDER (circle): Male Female

ADDRESS

STREET _____

CITY _____ STATE _____

ZIP _____ PHONE (____) ___ - _____

EMAIL _____

Emergency Contact # _____

T-SHIRT SIZE (circle): XXL XL L M S YL YM

Check Appropriate Event

10K ____ 5K ____ Walk ____

1/2-Mile ____ 1/4-Mile ____ 1/8-Mile ____

LIABILITY WAIVER PLEASE READ CAREFULLY, UNDERSTAND & SIGN:

I KNOW THAT RUNNING A ROAD RAC E IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, INCLUDIDDNG HIGH HEAT AND/OR HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE WAUPUN ATHLETIC BOOSTER CLUB, CITY OF WAUPUN, COUNTY OF FOND DU LAC, THE STATE OF WISCONSIN AND ALL SPONSORS, THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER. I GRANT PERMISSION TO ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, RECORDINGS OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE.

PARTICIPANT'S SIGNATURE Parent or Guardian's signature Date required for all minor participants LIABILITY WAIVER PLEASE READ CAREFULLY, UNDERSTAND& SIGN:

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