



REEDSBURG AREA MEDICAL CENTER'S

VET FEST 1/2 MARATHON

AND 5K & 1 MILE WALK/RUN

WWW.REEDSBURGVETFEST.COM

SATURDAY, APRIL 17, 2010 8:00AM 1/2 MARATHON START TIME 8:30AM 5K AND 1 MILE WALK/RUN START TIME

REEDSBURG JAYCEES BUILDING: 1403 VIKING DRIVE, REEDSBURG, WI 53959

REGISTRATION

ONLINE @ WWW.ACTIVE.COM OR MAIL-IN REGISTRATION FORM TO: "VET FEST", 549 S. DEWEY AVENUE, REEDSBURG, WI 53959 OR RACE DAY REGISTRATION FROM 6:30AM-7:30AM AT THE REEDSBURG JAYCEES BUILDING.

GOODY BAGS/INCENTIVES

ALL PARTICIPANTS WILL RECEIVE A 50/50 BLEND GILDAN, CUSTOM DESIGNED, SHORT SLEEVED T-SHIRT, FRUIT, BAGELS, WATER, GATORADE, PRE/POST RACE MUSIC, A MEAL PROVIDED BY THE REEDSBURG BOY SCOUTS, CHIP TIMING PROVIDED BY RACE DAY EVENTS, LLC., ON-COURSE WATER AND GATORADE, LOCAL MASSAGE THERAPISTS, LIVE TV COVERAGE PROVIDED BY THE REEDSBURG UTILITY COMMISSION, DOOR PRIZES, AND MUCH MORE!

AWARDS

MEDALS FOR ALL HALF MARATHON FINISHERS, MEDALS FOR 1ST-3RD PLACE IN EACH AGE GROUP AND GENDER FOR HALF MARATHON AND 5K WALK/RUN ENTRANTS.

ENTRY FORM:

(MUST BE RECEIVED BY APRIL 1, 2010 FOR PRE-REGISTRATION)

SEND TO: "VET FEST", 549 S. DEWEY AVENUE, REEDSBURG, WI 53959

PLEASE PRINT CLEARLY:

NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
PH# _____ DOB _____ AGE _____
EMAIL _____

<input type="checkbox"/> 1/2 MARATHON (CIRCLE ONE OF THE FOLLOWING) MALE: AGE 0-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+ FE MALE: AGE 0-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+
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- PAYMENT ENCLOSED
- \$40 1/2 MARATHON BEFORE 4/1/10
- \$45 1/2 MARATHON AFTER 4/1/10
- \$15 5K (12 AND UNDER) BEFORE 4/1/10
- \$20 5K (12 AND UNDER) AFTER 4/1/10
- \$20 5K (13 AND OLDER) BEFORE 4/1/10
- \$25 5K (13 AND OLDER) AFTER 4/1/10
- \$15 1 MILE WALK/RUN BEFORE 4/1/10
- \$20 1 MILE WALK/RUN AFTER 4/1/10

T-SHIRT SIZE (INCLUDED IN REGISTRATION): ADULT: S M L XL CHILD: S M L
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<input type="checkbox"/> 5K WALK/RUN (CIRCLE ONE OF THE FOLLOWING) MALE: AGE 0-10, 11-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+ FE MALE: AGE 0-10, 11-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

<input type="checkbox"/> 1 MILE WALK/RUN (CIRCLE ONE OF THE FOLLOWING) MALE: AGE 0-10, 11-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+ FE MALE: AGE 0-10, 11-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

QUESTIONS: CONTACT JASON AT 608-415-2157 OR

EMAIL: reedsburgvetfest@rucls.net

RELEASE OF LIABILITY: IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THIS EVENT, I RELEASE SWIM REEDSBURG, LLC, THE CITY OF REEDSBURG, THE TOWNSHIP OF REEDSBURG, REEDSBURG AREA MEDICAL CENTER, THE VET FEST COMMITTEE AND ANY AFFILIATES FROM LIABILITY FOR ANY ALL LOSS RESULTING FROM DAMAGE TO MYSELF OR MY PROPERTY WHICH MAY RESULT FROM PARTICIPATION IN THIS EVENT. I AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR MYSELF BY A LICENSED EMERGENCY HEALTH CARE PROVIDER. I KNOW THIS EVENT WILL BE STRENUOUS AND MAY CAUSE INJURY AND/OR DEATH. I AUTHORIZE MY NAME, LIKENESS, BIOGRAPHY AND PERFORMANCE MAY BE USED FOR PUBLICIZING AND PROMOTING SUCH BROADCASTS AND OTHER USES OF THE EVENT. I HAVE READ AND FULLY UNDERSTAND THIS FORM. I HAVE RECEIVED MY PHYSICIANS APPROVAL TO PARTICIPATE IN THIS EVENT.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

IF UNDER 18, PARENT OR GUARDIAN'S SIGNATURE: _____