



Saturday, November 11, 2017
 1504 Madison Ave, Fort Atkinson
Forthhealthcare.com/FrostyRock

Last Name		First Name		Birthdate	Age
Street			Phone		Gender
City			State		Zip
Email:			How did you hear about the Frosty Rock:		
Emergency Contact Name			Emergency Contact Phone		
Choose Your Race Event			Cost		Paid
12K Mixed Course			\$12		
5K Road Race (circle one) 5K Run 5K Walk			\$5		
Kids 1 Mile Road Race			Free		Paid
Donation Only <input type="checkbox"/> Jefferson Co Cancer Coalition <input type="checkbox"/> Tomorrow's Hope <input type="checkbox"/> FHC Foundation					
T-Shirt Size	<input type="checkbox"/> Youth Sm <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Women's Sm <input type="checkbox"/> Women's Med <input type="checkbox"/> Women's Lg <input type="checkbox"/> Women's XL <input type="checkbox"/> Women's XXL <input type="checkbox"/> Men's Sm <input type="checkbox"/> Men's Med <input type="checkbox"/> Men's Lg <input type="checkbox"/> Men's XL <input type="checkbox"/> Men's XXL				

Make checks payable to **Fort HealthCare** and mail to:
Attn: Frosty Rock Challenge, 1504 Madison Ave, Fort Atkinson WI 53538

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

I understand that participating in Frosty Rock Challenge is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in the event, including but not limited to falls, contact with other participants, effect of weather, traffic and conditions of the roads/trails. I, for myself and my heirs and executors, hereby waive, release and forever discharge Fort Health Care, Jefferson County Cancer Coalition, It's Race Time Inc., medical person, all governmental entities, event organizers, sponsors, promoters, photographers and any other organization or individuals associated with this event and representative and successors before, during or after the event from an claims or liabilities of any kind arising out of my participation in the Frosty Rock Challenge. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness prior, during or after the race resulting from my participation in the event. I understand and agree that I assume liability for any and all medical expenses incurred as a result of training or participating in the Frosty Rock Challenge.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature: _____ Date: _____