



Saturday, November 9, 2019
 925 Lexington Blvd, Fort Atkinson
 Forthealthcare.com/FrostyRock

FROSTY ROCK CHALLENGE 2019

12K Mixed Course, 12K Relay, 5K Run, 5K Walk, 1 Mile Kids Run

Saturday, November 9, 2019 – Fort Atkinson High School

Registration - 7:30-8:45 am, Kids Run - 8:30 am, 12k - 9:00 am, 5k - 9:15 am, Awards - 10:30 am

Check one	Race	2/1/19 – 8/31/19	9/1/19 – Race Day
	12K	\$15	\$20
	12K Relay	\$25 (for 2 entries)	\$30 (for 2 entries)
	5K Run/Walk (timed)	\$10	\$15
	5K Walk (untimed)	\$5	\$10
	Kids 1 Mile Run	\$5	\$5

New this year: 12K Relay! (Each member of relay sign up on separate entry forms.) Relay Teammate: _____

Teams: Largest team wins a prize. Teams can consist of participants from any category (1-mile, 5K walk, 5K Run, 12K, Relay)

Two categories: Fort HealthCare Employees, Non-Fort HealthCare Employees

Packet Pick up: Friday, 11/8/19 – 12:00 p.m. – 5:30 p.m. Fort Therapy & Sport Center, 1504 Madison Ave, Fort Atkinson
 Saturday, 11/9/09 – 7:30 a.m. Fort High School

Name: _____ DOB: _____ Age: _____ Male or Female
 Address: _____ Phone: _____ Email: _____
 Emergency Contact Name _____ Emergency Contact Phone: _____
 Team Name: _____ FHC Employee Team: Yes or No

Do you want a t-shirt? ___Yes ___No

Circle one: Youth: Small Medium Large

Unisex: Small Medium Large Extra Large Extra-Extra Large

Total Paid: \$ _____

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, 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:** _____