



Kids Club Registration
**New in 2017*

Age 11 and under \$15

SATURDAY, JULY 29TH
MADISON, WI

**All Kids Club members will receive
a reflective drawstring bag of
goodies at the event!**

REGISTRATION FORM
(one per person)

NAME _____ MALE FEMALE

First Last

BIRTH DATE _____ (must be 11 years old or younger on event day, 07/29/17)
(mm/dd/yy)

GUARDIAN PHONE _____ GUARDIAN EMAIL _____

GUARDIAN ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL NAME _____

Will you be a member of a team? NO YES, TEAM NAME _____

EMERGENCY INFORMATION (Required)

Any medical conditions or allergies? NO YES

Details _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

I AM PARTICIPATING: IN TRIBUTE TO _____

IN MEMORY OF _____

TO SHOW SUPPORT FOR _____

SELECT ALL THAT APPLY

Transplant recipient Supporter Deceased donor family member/friend

Family member/friend of a recipient/living donor

Other _____

**→
OVER**

REGISTRATION FEE \$ 15.00
DONATION (tax-deductible) \$ _____

- CHECK ENCLOSED *Make payable: National Kidney Foundation of Wisconsin*
 CHARGE CREDIT CARD: Visa MasterCard Discover American Express

NAME ON CARD _____

CARD # _____ EXPIRATION _____ SECURITY CODE _____

SIGNATURE OF CARDHOLDER _____ DATE _____

TOTAL	\$ _____
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PARTICIPANT WAIVER

I, acting on my own accord or as a guardian of a minor, understand that participating in the Capital City 5K Run/Walk for Organ, Tissue and Eye Donation benefitting the National Kidney Foundation of Wisconsin, Inc. can potentially be a hazardous activity that can present risk. I freely accept and voluntarily assume risks of personal injury or property damage that may result.

I, and anyone entitled to act on my behalf, waive and release from all claims and liabilities of any kind arising out of my participation even though that liability may arise out of negligence or carelessness on my part. I agree to hold harmless the National Kidney Foundation of Wisconsin, Inc., Next Level Event Productions, LLC, UW Health Sports Medicine, the City of Madison and its Parks Division and the State of Wisconsin, its officers, employees and Agents, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation.

I will permit emergency treatment in the event of injury or illness while participating.

I represent and warrant that I will be at least 12 years old at the time of the event or a legal guardian of a participant and I certify that I have read and understand the intent of this waiver and release.

I understand that my name, photograph, picture, voice or likeness (collectively 'image') may be used for all promotional purposes related to the event by the National Kidney Foundation of Wisconsin and their successors and assigns, sponsors, beneficiaries, licensees, and employees. I grant full permission for organizers to use such photographs, videotapes, motion pictures, recordings or any other record of this event.

Printed Name

Signature of Guardian

Date

MAIL FORM TO:
National Kidney Foundation of Wisconsin • 10909 W Greenfield Ave., Suite 201
West Allis, WI 53214 • (414) 897-8669, Ext 11 • Events@kidneywi.org