



**SATURDAY, JULY 29TH**  
**6:30PM CAPITOL SQUARE**  
**MADISON, WI**

<b>5K Registration Fees</b> <i>(please check appropriate box)</i>	
<input type="checkbox"/> <b>RUN</b> (timed)	or <input type="checkbox"/> <b>WALK</b> (untimed)
May 1 - June 30	<input type="checkbox"/> \$35
July 1 - July 28	<input type="checkbox"/> \$40
July 29	<input type="checkbox"/> \$45

**ENTRY FORM**  
*(one per person)*

NAME \_\_\_\_\_  MALE  FEMALE

*First Last*

BIRTH DATE \_\_\_\_\_ *(must be 12 years old by 07/29/17)*

*(mm/dd/yy)*

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY/SCHOOL NAME \_\_\_\_\_

Are you 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  Living donor  Supporter  Medical/healthcare professional
- Deceased donor family member/friend  Family member/friend of a recipient/living donor
- Other \_\_\_\_\_

**PACE**

- Fast Runner  Jogger  Fast Walker  Casual Walker



**UNISEX COTTON T-SHIRT (Included)**

- S  M  L  XL  XXL \$0.00  
 XXXL \*special order \$5.00  
 No shirt requested \$0.00

**SHIRT UPGRADE OPTIONS****Performance Athletic T-Shirt**

- Men's  Women's  
 S  M  L  XL  XXL \$10.00  
 XXXL \*special order \$15.00

*Please note: Only one shirt per person, even if you choose to upgrade.  
 Shirt size guaranteed until July 7th*

REGISTRATION FEE \$ \_\_\_\_\_

UPGRADED OPTION \$ \_\_\_\_\_

DONATION (tax-deductible) \$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

- 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 \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Guardian, if under 18 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**