



A MILE THAT MATTERS

SATURDAY, MAY 6
WHITNALL PARK
ROOT RIVER PARKWAY SOUTH
GREENDALE, WI

12 & Over

11 & Under

Registration Fees

(please check appropriate box)

April 1-April 30	<input type="checkbox"/> \$20
May 1 - May 6	<input type="checkbox"/> \$25

Registration Fees

(please check appropriate box)

Now - May 6	<input type="checkbox"/> \$5
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ENTRY FORM
(one per person)

NAME _____ MALE FEMALE
First Last

BIRTH DATE _____ AGE _____
(mm/dd/yy)

PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Are you a member of a team? NO YES TEAM NAME _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PHONE _____

Any medical conditions or allergies? NO YES

DETAILS _____

I AM WALKING FOR: _____

SELECT ANY THAT APPLY

- Transplant recipient
- Living donor
- Dialysis patient
- Living with diabetes
- Family member/friend
- Healthcare professional
- Living with chronic kidney disease
- Other _____

OVER →

OPTIONAL PURCHASE

Unisex Cotton Long-sleeved Shirt

\$15/shirt

Payment must be received on or before April 25, 2017.
Shirts are available for pick-up at registration on May 6th.
All shirts are adult unisex cotton long-sleeve.

__ S __ M __ L __ XL __ XXL __ XXXL

REGISTRATION FEE \$ _____
OPTIONAL SHIRT PURCHASE (AVAILABLE UNTIL 4/25/17) \$ _____
DONATION (*tax-deductible*) \$ _____

TOTAL

\$ _____

Participant Waiver

I understand that participating in the Kidney Mile, benefitting the National Kidney Foundation of Wisconsin, Inc., can potentially be a hazardous activity that can present risk. I freely accept and voluntarily assume risk 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, the City of Greendale and its Parks Division, Milwaukee County Parks 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 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

Signature of Guardian, if under 18 Date

CHECK RECEIVED CHECK # _____ (*Payable to National Kidney Foundation of Wisconsin*)

CHARGED CREDIT CARD CASH RECEIVED