



**MAKE LIFE GOOD**

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

<b>Registration Fees</b> <i>(please check appropriate box)</i>	
April 1-April 30	<input type="checkbox"/> \$35
May 1 - May 6	<input type="checkbox"/> \$40

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

NAME \_\_\_\_\_  MALE  FEMALE  
*First Last*

BIRTH DATE \_\_\_\_\_ (must be 12 years old by 5/6/17 to qualify for age-category medals)  
*(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 RUNNING/WALKING FOR:** \_\_\_\_\_

**I AM:**  FAST RUNNER  JOGGER  FAST WALKER  CASUAL WALKER

**I WISH TO BE CHIP-TIMED:**  NO  YES

**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** →

**Unisex Cotton Long-sleeved Shirt**

\_\_ S \_\_ M \_\_ L \_\_ XL \_\_ XXL \_\_ XXXL  
*Register by April 25 to guarantee shirt size.*

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

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

**TOTAL** \$ \_\_\_\_\_

CHECK ENCLOSED (PAYABLE TO NATIONAL KIDNEY FOUNDATION OF WISCONSIN)

CHARGE CREDIT CARD

CARD NUMBER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

**Participant Waiver**

I understand that participating in the Parkway 5K, 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

**MAIL COMPLETED FORM TO:**

National Kidney Foundation of Wisconsin • 10909 W Greenfield Ave, Ste 201  
West Allis, WI 53214-2379 • 414-897-8669 • events@kidneywi.org