

# STEVE CULLEN HEALTHY HEART CLUB RUN & WALK

## 02.13.10 REGISTRATION FORM

<input type="checkbox"/> <b>INDIVIDUAL</b>	<b>\$18</b> until FEB 5th / <b>\$22</b> after FEB 5th
<input type="checkbox"/> <b>FAMILIES</b>	<b>\$60</b> for families up to 4 until FEB 5th. Each additional family member is \$18. <b>\$70</b> after FEB 5th & each additional, \$22.
<input type="checkbox"/> <b>TEAM</b>	Companies or organizations with 5+ participants qualify for the team competition with a team registration fee (see "Team Competition" panel below for earlybird discounts!) plus individual reg. of \$18 each. All signed reg. forms and payment must be submitted in ONE envelope w/ a cover letter on company/organization letterhead. FINAL deadline for team registration is Feb. 5th.

### INDIVIDUAL PLEASE PRINT

NAME		AGE
ADDRESS		
CITY	STATE	ZIP
EMAIL		
PHONE ( )	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
8K RUN <input type="checkbox"/>	2 MILE WALK <input type="checkbox"/>	2 MILE FUN RUN <input type="checkbox"/>
T-SHIRT (ADULT SIZE)	S	M L XL XXL (+ \$2 to reg. fee)
<input type="checkbox"/> I'VE GOT PLENTY OF T-SHIRTS, DONATE THE \$ TO RESEARCH		

### TEAM COMPETITION / FLEETEST FEET & BIGGEST HEART

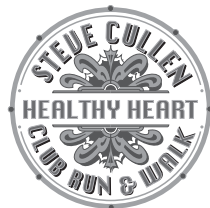
Register your team of 5 or more walkers or runners and compete for the title of Fleetest Feet (speed) or Biggest Heart (\$\$\$ raised for heart research). This is the 3rd year of the competition and we're looking to make it an even bigger success. Turn in your complete team registration early to guarantee your event T-shirts by race day AND score a discount on the team registration fee!

**Register by January 6th - Team Registration \$50 (half price!)**

**Register by January 20th - Team Registration \$75**

Team registrations received by the final deadline, February 5th must include the full \$100 team registration fee and are not guaranteed T-shirts on race day (they can be picked up later).

Categories for Fleetest Feet include Men's, Women's, and Mixed (at least 2 of the 5 qualifying team members must be female).



### PARTICIPANT # 2

NAME		AGE
ADDRESS		
CITY	STATE	ZIP
EMAIL		
PHONE ( )	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
8K RUN <input type="checkbox"/>	2 MILE WALK <input type="checkbox"/>	2 MILE FUN RUN <input type="checkbox"/>
T-SHIRT (ADULT SIZE)	S	M L XL XXL (+ \$2 to reg. fee)
<input type="checkbox"/> I'VE GOT PLENTY OF T-SHIRTS, DONATE THE \$ TO RESEARCH		

### PARTICIPANT # 3

NAME		AGE
ADDRESS		
CITY	STATE	ZIP
EMAIL		
PHONE ( )	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
8K RUN <input type="checkbox"/>	2 MILE WALK <input type="checkbox"/>	2 MILE FUN RUN <input type="checkbox"/>
T-SHIRT (ADULT SIZE)	S	M L XL XXL (+ \$2 to reg. fee)
<input type="checkbox"/> I'VE GOT PLENTY OF T-SHIRTS, DONATE THE \$ TO RESEARCH		

### RELEASE & INDEMNIFICATION AGREEMENT

The Steve Cullen Healthy Heart Club Run/Walk involves running and walking – activities that may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the event and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I present and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions that would make it difficult or unsafe to continue. I agree for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless the Badgerland Striders, its affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Wis. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to these terms.

### PARTICIPANT'S SIGNATURE

PARTICIPANT #2 SIGNATURE

PARTICIPANT #3 SIGNATURE

+ PARENT/GUARDIAN SIGNATURE  
(if Under 18)

### COMPLETE & MAIL

BOTH SIDES OF THIS FORM W/ CHECK PAYABLE TO:

**BLS / CULLEN HEART RUN & WALK**  
c/o 2419 S. 79th ST., WEST ALLIS, WI 53219

\$  MY EXTRA GIFT FOR HEART RESEARCH

**TOTAL ENCLOSED \$  FOR  PEOPLE**

(FEES INCLUDE ANY APPLICABLE TAXES)

Don't forget to add \$2 for each XXL T-SHIRT