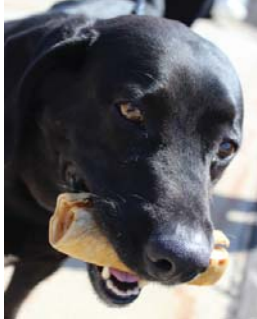


# 9<sup>th</sup> annual **Healthy Family Fun Run/Walk**

**Saturday, May 9** | Free kids' run - 9:30 am (up to age 12) | 5k race - 10 am



The event starts and finishes at Delton Family Medical Center, located across from the Lake Delton Wal-Mart. Please register all participants below (including kids and dogs), printing clearly. Pre-registration is preferred, however registration can be completed on-site the morning of the event. **The event will be held rain or shine. No refunds.**

✂️ -----  
**Return completed form with payment to Delton Family Medical Center, 28 Commerce St., Wisconsin Dells, WI 53965.**

**5K AND KIDS' RACE PARTICIPANTS** - Additional forms can be found at [www.milebluff.com](http://www.milebluff.com).  
*\*Indicates information that is required for registration.*

**Name\***: \_\_\_\_\_ **Phone\***: \_\_\_\_\_  
**Address\***: \_\_\_\_\_ **City\*/State\*/Zip\***: \_\_\_\_\_  
**Age\***: \_\_\_\_\_ **Gender\***: \_\_\_\_\_ **E-mail**: \_\_\_\_\_

**Additional participants\*** (Each participant - or guardian if under 18 - must sign bottom of form):

**Name\*/e-mail**: \_\_\_\_\_ **Age\***: \_\_\_\_\_ **Gender\***: \_\_\_\_\_  
**Name\*/e-mail**: \_\_\_\_\_ **Age\***: \_\_\_\_\_ **Gender\***: \_\_\_\_\_  
**Name\*/e-mail**: \_\_\_\_\_ **Age\***: \_\_\_\_\_ **Gender\***: \_\_\_\_\_

**DOG PARTICIPANTS** - Please register any dogs you will be bringing.

**Dog's name**: \_\_\_\_\_ **Dog's name**: \_\_\_\_\_

**EVENT FEES** - No charge for kids' event or dog participants; shirts and bandanas can be purchased

|  | Qty.  | Amount   |   |
|--|-------|----------|---|
| • \$15 per 5k participant, if registered by April 20 (includes T-shirt)              | _____ | \$ _____ | Proceeds will go to Renewal Unlimited, Inc. to help support programs like Family Resource Centers, Early Head Start, Head Start programs, housing services & much more. |
| • \$20 per 5k participant registered April 21 - May 9 (T-shirts as available)        | _____ | \$ _____ |   |
| • \$5 per kids' event T-shirt, if registered by April 20 (may be available at event) | _____ | \$ _____ |   |
| • \$5 per dog bandana, if registered by April 20 (may be available at event)         | _____ | \$ _____ |   |
| <b>Total amount enclosed</b> (make checks payable to Mile Bluff Medical Center):     |       | \$ _____ |   |

Total number of T-shirts (adult sizes):      S \_\_\_\_\_      M \_\_\_\_\_      L \_\_\_\_\_      XL \_\_\_\_\_  
 Total number of T-shirts (children's sizes):      S \_\_\_\_\_      M \_\_\_\_\_      (for larger shirts, order adult sizes)  
 Total number of bandanas for dogs:      Qty = \_\_\_\_\_  
*Please note that for every shirt and bandana requested, there must be a registration completed above.*

**LIABILITY WAIVER / PHOTO RELEASE CONSENT** (Guardian signature required for those under age 18.)  
 I assume all risks associated with participation in this event, and hereby hold harmless Mile Bluff Medical Center from liability incurred while at the run/walk. I also grant permission for Mile Bluff Medical Center to use my pictures and/or likeness for future media use as it sees fit. I have read the above waiver and certify my agreement by signature below.

**Signature\***: \_\_\_\_\_ **Date**: \_\_\_\_\_      **Signature\***: \_\_\_\_\_ **Date**: \_\_\_\_\_  
**Signature\***: \_\_\_\_\_ **Date**: \_\_\_\_\_      **Signature\***: \_\_\_\_\_ **Date**: \_\_\_\_\_  
For office use only - Date received: \_\_\_\_\_