

OFFICIAL 2019 ENTRY FORM AND RELEASE AND INDEMNIFICATION AGREEMENT

MAIL COMPLETED FORM WITH CHECK PAYABLE TO:

EPILEPSY FAMILIES SOUTHEAST WISCONSIN
735 N. WATER STREET SUITE 902
MILWAUKEE, WI 53202
414-271-0110

NAME (First, MI, Last)

ADDRESS, CITY, STATE, ZIP

PHONE NUMBER / EMAIL

AGE: _____ SEX: _____

3K WALK _____ 5K RUN _____ WHEELCHAIR _____ CHILDRENS FUN RUN _____

T-SHIRT SIZE (CIRCLE 1)

YOUTH: SMALL MEDIUM LARGE

ADULT: SMALL MEDIUM LARGE X- LARGE 2X-LARGE 3X-LARGE (+\$4)

ADDITIONAL SHIRT \$10 EACH

YOUTH: SMALL MEDIUM LARGE

ADULT: SMALL MEDIUM LARGE X- LARGE 2X-LARGE 3X-LARGE (+\$4)

TOTAL AMOUNT ENCLOSED _____

The person and/or persons named on this registration form wishes to participate in the Brainstorm 3K Walk/5K Run (Event) on **June 30 2019** in Milwaukee, Wisconsin. Those who have made this possible – Epilepsy Families Southeast Wisconsin, the Milwaukee County Park System, the County & City of Milwaukee and the Event Sponsors, volunteers and officials (collectively, the “Organizers”) wish to ensure to the fullest extent possible that they will not be sued or held liable for injuries or damages sustained to participants or those attending the Event. In return for being allowed to participate in the Event, I/we agree and acknowledge as follows: 1) Participation and attendance at walking and running events as well as activities carries with it some risk of serious injury including, in rare cases, death. The risks include but are not limited to those caused by overexertion, vehicular, the course, bodies of water, equipment, Organizers, spectator and other participants; 2) I/We assume all risk of participating and attending this event; 3) I/We understand the Organizers of the Event are relying upon the agreements and representations I/we make here; 4) I/We release the Organizers of the Event from all claims, including negligence claims and claims relating to personal injury or property arising out of this, my/our participation or attendance at this Event, except, I/We do not release reckless or intentional tort claims; 5) I/We agree to indemnify the Organizers if I/We or anyone else brings a claim against the Organizers due to injuries I/we receive due to my participating or attending the Event (“indemnity” here means to reimburse the Organizers for any sums they have to pay and expenses/fees they incur to any injury claim relating to me); 6) I/We give permission for the free use of my name and picture in any broadcast, print media account, or promotion of this Event; 7) I/We have carefully read this document and understand it. If I/we am under 18 years of age, my/our parent or guardian is signing on my/our behalf, and my/our parent or guardian also agrees to indemnify the Organizers if I/we or anyone else brings claims against the Organizers due to injuries I/we receive due to my/our participating or attending the Event. With knowledge of the risks involved and the rights I/we give up, I/we waive the rights I/we might otherwise have, and freely sign this agreement document.

PARTICIPANTS SIGNATURE _____ **DATE** _____

_____ I CAN NOT PARTICIPATE BUT HAVE ENCLOSED A DONATION IN THE AMOUNT OF \$ _____

Please don't forget your company's matching gift program.
All pledges can be mailed to EFSEWI or turned in at the event.