



2017 Miles of Smiles 5K Run·Walk REGISTRATION FORM

Sat, August 26th, 2017

Check-in 8:30-9:15am at Gazebo

Race begins at 9:30am

*Proceeds will be donated to new equipment
for Village Park Playground!*

Adults \$20 Child 12&under \$10

Checks payable to **Eagle Business Association**

**Mail this form & check/cash to
Miles of Smiles 5K, PO Box 271
Eagle, WI 53119**

**OR REGISTER/PAY ONLINE AT:
www.milesofsmiles5k.com**



*Remember to register and pay
before Aug 4 to receive a t-shirt!*

Questions?

*Call Eagle Dental at 262-594-2223
or email eaglemilesofsmiles@gmail.com*

Thank you!

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Name: _____

Address: _____

City/Zip: _____

Phone: _____

T-shirt Size: (circle one) Adult: S M L XL 2XL 3XL Youth: S M L

Age: _____ **Gender: (circle one)** Male Female

Run Walk Volunteer



Waivers and Releases

In consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against the Eagle Business Association (EBA) and any and all event sponsors and individuals associated with the event, their representatives, successors and assigns for any and all injuries suffered by me in connection with this event, including pre and post activities. I have been warned that I must be in good health to participate in the event and I attest and verify that I am physically fit and have trained sufficiently for this event. I hereby grant permission to the EBA and its authorized agents to use my name and photograph for any newspaper or TV publication. I hereby authorize Miles of Smiles 5K to publish photographs taken of me on September 10, 2016, and my name and likeness, for use in Miles of Smiles 5K's print and online marketing materials. I hereby release and hold harmless Miles of Smiles 5K from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials. I acknowledge and agree that publications of said photos confers no rights of ownership or royalties whatsoever. I hereby release Miles of Smiles 5K and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party.

Signature Required: _____ **Date:** _____

(Parent/guardian signature for minors)

**Adult = \$20 Child = \$10 Checks payable to *Eagle Business Association*
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