

**2008 SYTTENDE MAI RUN & WALK
OFFICAL ENTRY FORM
MAY 17, 2008**

Run Start: 7:30 a.m.

Walk Start: Rolling Start from 6-7 a.m.

Register Early to avoid price increase

Please print clearly and legibly!

(Address labels work well.)

1. Please sign me up for the: Run__ or Walk__

2. _____
Last Name First Name MI

3. _____
Address

4. _____
City State Zip

5. _____ 6. _____
Sex Age as of 5/17/08

7. (_____) _____ 8. _____
Phone Number ChampionChip#

(If you have your own chip, must start with a letter)

9. _____ E-mail address (needed for confirmation)
PLEASE Print Clearly

10. Amount Paid \$_____

11. To help us plan, please indicate if you will need a bus ride (\$2.00 upon boarding the bus)
___ Stoughton to Madison before event starting at 5:30 a.m.
___ Stoughton to Madison after event starting at 11 p.:00m.

12. Number of years **previously** participated: Run _____ Walk _____(need for results book)

13. ****Important! Please Read!**

Release of Claims

In consideration of the acceptance of my entry in the Syttende Mai Run or Walk held on May 17, 2008. I release the Stoughton Chamber of Commerce, Syttende Mai Committee, its members and officers, the City of Stoughton, Dane County, City of Madison, Town of Dunn, Town of Madison, the various event sponsoring organizations, and other individuals ore entities who are in any way connected to the event, including any volunteers assisting with the event from any liability or claims for injury or illness that I might sustain during my participation in these events or that is any other way related to these events.

I understand that this release applies to myself and my personal representatives, heirs and assigns. I know that running or walking is a potentially hazardous activity, but represent that I am trained adequately and am medically able. I assume all risks associated with running or walking, including but not limited to falls, contact with other participants, effects of weather including high heat and/or humidity, traffic and the conditions of the roads. Further, I grant full permission without compensation to the Syttende Mai Committee to use any photographs, videotapes, motion pictures, recordings or any other reproduction of my participation in any event.

Signature _____ Date _____

Signature of Parent or Guardian if under 18

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|---------------------------------|-------------|
| Run and Walk Entry Fees: | |
| By May 1 | \$25 |
| May 2 – May 15 | \$30 |
| May 16 or Day of | \$40 |

| |
|--------------------------------|
| T-shirt Size: |
| S _____ M _____ |
| L _____ XL _____ |

Make checks payable to:
Syttende Mai Run
532 E. Main St.
Stoughton, WI 53589

No Refunds!