



Sprint for Spina Bifida 30 Years Strong Event

0-3 years old, with and without SB, Free

Please complete one form per person. Payment by check made out to SBWIS must be received by July 26, 2023. Please mail to Spina Bifida / Sprint 830 N 109<sup>th</sup> St #6 Wauwatosa, WI 53226. SBWIS will manually input your registration into the RunSignUp software platform. You will receive an email confirmation when everything is complete.

First Name:

Last Name:

Date of birth:

Email:

Give away is the gray SB logo shirt, please circle size:

6 month   12 month   18 month   2T   3T   Youth XS 4-5

Check this box to agree to waiver:

I know that running/wheeling/walking an event like Sprint for Spina Bifida is a potentially hazardous activity. I should not enter and run/wheel/walk unless I am medically able and properly trained. I agree to abide by any decision of the race officials relative to my ability to safely participate in this event.

I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather including high heat and/or humidity, traffic, and course conditions. All such risks being known and understood by me. Having read this waiver, and knowing these facts, and in consideration of you accepting this entry, I, for myself and anyone entitled to act on my behalf, waive and forever release Spina Bifida Wisconsin, Ltd, Cities of Milwaukee and Greenfield, Milwaukee County Parks, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all claims or liabilities of any kind arising out of my participation before, during and after this event. Even though that liability may arise from negligence or carelessness on the parts of the entities named in this waiver.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to this release and waiver. Children 12 years and under must participate with an adult. I understand no refunds will be provided. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.