



La Crosse Fitness Festival Bike Tour

Registration Form



This Form must be received by April 23, 2010

1 Name per registration form

Waiver

BEFORE SIGNING THIS WAIVER OF LIABILITY, READ THIS ENTIRE DOCUMENT VERY CAREFULLY. IF AN ACCIDENT WERE TO OCCUR, THEN YOU WOULD BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE BY SIGNING THIS WAIVER OF LIABILITY. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT 608.789.7511 WEEKDAYS BETWEEN 8:30 AM - 5:00 PM.

The City of La Crosse is hosting the La Crosse Fitness Festival, a two-day event to be held on May 1 and 2, 2010. The activities available to participants include a 26.2 Mile Marathon, Marathon Relay, Half-Marathon, 5K Run or 5K Walk, and Children's Events; consisting of a 100 Yard Run/Walk, 400 Yard Run/Walk and an 800 Yard Run/Walk, all of which are collectively referred to as the "Run/Walk Events."

By signing this Waiver of Liability, I understand that any Run/Walk Events in the City of La Crosse as part of the La Crosse Fitness Festival have inherent risks associated with it, which could result in harm and/or losses to myself or my child(ren) whether or not known or readily foreseeable at this time, and which might result not only from my own act, omission or negligence, and/or that of my child(ren), but also from the actions, inactions or negligence of others, or the condition of the premises or equipment used. While participating in any Run/Walk Events, it is in the best interest of the participants to exercise due care, safety and common sense for themselves and others. No accident or other insurance is provided through the City of La Crosse.

By signing this Waiver of Liability, I fully accept all such risks of any injury, damage or loss regardless of severity that may be sustained to myself or my child(ren) and all responsibility for losses, costs and damages incurred in any and all activities connected with or associated with the Run/Walk Events in the City of La Crosse as part of the La Crosse Fitness Festival on May 1, 2010 and May 2, 2010.

By signing this Waiver of Liability, I agree to waive, relinquish, discharge, release and covenant not to sue the City of La Crosse, Wisconsin, its officers, employees and agents from all claims of injury, damage, or loss that may accrue arising out of, connected with, or in any way associated with the Run/Walk Events in the City of La Crosse as part of the La Crosse Fitness Festival as identified in this Waiver of Liability. This waiver of liability does not apply to intentional misconduct of the City of La Crosse.

I have read this Waiver of Liability thoroughly and fully understand it and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made to me any representations, statements, or inducements that change or modify anything written in this agreement.

Signature of Registrant (parent or guardian must sign if participant is under 18)

Date

Mail to: SCHM-LFF 916 Ferry St. La Crosse, WI 54601



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Office Use Only: Batch # _____ Order Entry Initials _____

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: M F DOB: _____ mm/dd/yyyy E-Mail: _____

Age on Race Day: _____

Contact Telephone #: _____ Address: _____

() _____ City: _____ St: _____ Zip: _____

Yes I am part of the Corporate Challenge. Corporate Challenge Employer: _____

Mark which Event You wish to register for:

	Event	Fees
<input type="checkbox"/>	5 Mile Family Ride	\$10 <i>rate changes</i> to \$15 on 5/1/2010
<input type="checkbox"/>	32 Mile Ride	\$20 <i>rate changes</i> to \$25 on 5/1/2010
<input type="checkbox"/>	62 Mile Ride	\$20 <i>rate changes</i> to \$25 on 5/1/2010

Shirt Size

- XS
- SM
- MED
- Large
- XL
- XXL
- No Shirt

Check Included

Make checks payable to: **La Crosse Fitness Festival**

Credit Card

Master Card Visa

Number: _____ 3 digit code _____

Exp Date _____ Amount Authorized to charge \$ _____

Mail to: SCHM-LFF 916 Ferry St. La Crosse, WI 54601