

**6th Annual
Pfc. Ryan Jerabek, USMC
Memorial Challenge 2011**

REGISTRATION FORM

Name: First _____ **Last** _____

Gender: Male _____ Female _____ **Date of Birth:** _____ **Age** _____

E-mail Address: _____

Phone Number: (day) _____ (evening) _____

Address: _____ **City** _____

State _____ **Zip** _____

Circle T-Shirt Size: **Youth:** Sm Med Lg **Adult:** Sm Med Lg XL XXL XXXL

Circle event that you will be participating in:

Children's (age 6 and younger) _____ Children's (age 7-8) _____

Individual (under age 18) – 4 mile run _____

Individual (18 and older) – 4 mile run _____ Individual or child – 2 mile walk _____

Individual with combat boots & 30# pack- 4 mile run _____

Entry Fee:

"Early Registration" ends June 30, 2011

- Adults: \$18*
- Kids under 18: \$10*

"Regular Registration" ends July 31, 2011

- Adults: \$ 20*
- Kids under 18: \$13*

"Late Registration" ends August 10, 2011

If mailing form please postmark by August 9, 2011 or register at the event.

- Adults \$ 23*
- Kids under 18: \$15*

Race Day Registration is August 13, 2011

- Adults: \$ 25
- Kids under 18: \$15

*Be environmentally friendly – Register online and save \$3.00!

******REMINDER****** keep scrolling to view, print, sign and mail the WAIVER

Fee is waived for all veterans, servicemen and women, those in the delayed entry programs and Gold Star Families.

Branch of Service: _____

Make check payable to: **ThedaCare-Jerabek Challenge**
Mail form and check to: **ThedaCare Physicians-Shawano**
 ATTN Renee` Elertson
 100 County Road B
 Shawano, WI 54166

Release and Waiver of Liability

I hereby acknowledge that participating in the 6th Annual Pfc. Ryan Jerabek, USMC Memorial Challenge 2011 run (the "Run") is a potentially hazardous activity. I hereby acknowledge that I should not enter the Run unless medically able and trained. I agree to abide by any decision of the race officials relative to my ability to compete in the run, but I agree to hold such race officials harmless for any and all decisions. I agree to assume all risks associated with the Run, which include, but are not limited to, falls, contact with other participants, spectators and/or volunteers, the effects of the weather such as heat and rain, and other types of conditions such as traffic, the conditions of the road and/or the course. I agree to RELEASE THE VILLAGE OF HOBART, including its trustees, officers, employees, volunteers, sponsors, contributors, any affiliates, or anyone acting on my behalf (collectively the "Village") FROM ALL CLAIMS AND LIABILITY OF ANY KIND, INCLUDING NEGLIGENT ACTS, regarding any and all activities that relate to the Run.

All such things being known and appreciated by me having read this waiver and knowing these facts, including the ability to negotiate this Release, and in consideration of the acceptance of this entry, I, for myself and anyone acting on my behalf, agree to affix my signature and RELEASE THE VILLAGE OF HOBART as herein stated. I grant permission to all the forgoing to use any photographs, motions pictures, videotapes or any other record of the event for any legitimate purpose.

Signature of participant or parent/guardian

Date

This is a **non-profit event**, sponsored by ThedaCare. Any proceeds that exceed operational expenses will be donated to the Injured Marine Semper Fi Fund to assist injured servicemembers and their families with expenses. www.semperfifund.org

See website for information and updates: www.JerabekChallenge.us
or call Rita Jerabek at 920-497-9347
email: Rita_Jerabek@yahoo.com

Event Location: Corner of N Overland Dr. & Four Seasons Dr., Hobart, WI
(471 Four Seasons Dr, Hobart, WI 54155)

See MapQuest: www.Mapquest.com