



DELLS ON TAP 5K REGISTRATION FORM

SATURDAY, OCTOBER 14, 2017 at 9:00 AM
WISCONSIN DELLS, WI

REGISTER ONLINE AT DELLSWISCONSIN5K.COM

OFFICE USE ONLY

- EVENTBRITE
- PAYMENT
- BUDGET

CATEGORY (PLEASE CHECK)

5K

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ APT # or UNIT _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL* _____

*REQUIRED FOR CONFIRMATION TICKET

GENDER: Male Female BIRTHDAY (Required) ____/____/____ AGE ON 10/14/17 _____

EMERGENCY CONTACT NAME: _____ NUMBER: () _____

5K SHIRT SIZE: X-Small Small Medium Large X-Large 2XL 3XL
(Unisex Sizes)

ENTRY FEE (ON OR BEFORE 10/1 AT 12AM)

\$25.00 5K PARTICIPANT

METHOD OF PAYMENT (PLEASE CHECK)

CASH

CHECK # _____ (PAYABLE TO ADRENALINE SPORTS MANAGEMENT)

CREDIT CARD CARD # _____ EXP. DATE ____/____ CODE: _____

SIGNATURE: _____

PRINT NAME: _____
(AS IT APPEARS ON THE CARD)

REFUND POLICY:

Since The Dells on Tap 5K has many upfront costs, we have a strict uniform policy of no refunds or exchanges, no person-to-person transfer, or no deferrals to a future year. We do understand that plans change, injuries happen, and various personal situations arise, but, we feel it is most fair to apply an uniform policy to all, instead of a subjective line of who should receive a refund and who doesn't. All purchases and sales are 100% final, no exceptions. Refunds will not be issued based on weather conditions. We appreciate your understanding in this matter.

I read the policy and understand that there are NO refunds, NO transfers, NO exchanges, or NO deferrals.

WAIVER:

In consideration of acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive any and all rights and claims for damages I may have against the organizers and sponsors of the The Dells on Tap 5K, Adrenaline Sports Management, Kings Landing Holding Corporation, the City of Wisconsin Dells, Wisconsin Dells Visitor & Convention Bureau, Dells on Tap Festival, USA Track & Field, all sponsors, individuals associated with the event, their representatives, successors, assigns, for any and all injuries suffered by me in connection with said event, including pre and post-race activities. I have been warned that I must be in good health to participate in this event and I attest and verify that I am physically fit and have sufficiently trained for this event. Adrenaline Sports Management also reserves the right to use any photographs of the event for marketing and promotion.

SIGNATURE OF PARTICIPANT: _____ DATE ____/____/____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE: _____ DATE ____/____/____