



**Joan Lund Memorial Cash for Cancer Drive – 5k and Kid’s Fun Run**

ONLINE REGISTRATION ALSO AVAILABLE AT  
www.Active.com                      Keyword: Joan Lund Memorial

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age on Race Day \_\_\_\_\_ Gender: M / F                      Shirt size: S M L XL XXL

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Event (circle one):** 5K    Kid’s 1 mile fun run

**T-SHIRT SIZE (circle one):** S    M    L    XL (Note – T-Shirts only available for 5k run participants)

**Event Date and Location:** Saturday, September 7 at the Hilltop Bar and Grill

**Event Time:** Registration: 7:30 a.m. \* 5K: 8:30 a.m. \* Kid’s 1 Mile Fun Run: 9:30am

**Entry Fee:** 5k: \$30 (before 9/6) \$35 (race day)                      Kid’s 1 Mile: \$10

I’d like to make a donation to the Joan Lund Memorial Cash for Cancer Drive in the amount of: \$ \_\_\_\_\_

Make checks payable to Joan Lund Memorial. Mail check with completed entry form postmarked no later than September 1<sup>st</sup> to:

Joan Lund Memorial  
PO Box 2084  
Baldwin WI 54002

**WAIVER:** I understand that running a road race is a potentially dangerous activity. I do hereby waive and release any and all claims for personal damages that I may incur as a result of my participation in this event against the Joan Lund Memorial Cash for Cancer Drive, all sponsors, employees, volunteers or officials of these organizations. I further certify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Joan Lund Memorial 5k I require medical at-tention, I hereby give my consent to authorize medical personnel to provide such medical care as deemed necessary. (Application for minors accepted only with parent’s signature).

I have read the foregoing and certify my agreement by my signature on this form, (Parent or guardian must sign if applicant is under 18 years of age).

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_