

# PARKINSON'S HALF MARATHON, 5K AND 1 MILE WALK

April 6, 2019

## Registration and Waiver

Name: _____																			
Address (city, state, zip) _____																			
Phone: _____	Email: _____ <small>*this is needed for race update emails</small>																		
Gender: M or F	Birthdate: _____																		
I am apart of Team _____																			
I'm running in memory of : _____	T-shirt size: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>WOMENS</td> <td>XS</td> <td>S</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>3XL</td> <td></td> </tr> <tr> <td>MENS</td> <td>XS</td> <td>S</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>3XL</td> <td>4XL</td> </tr> </table>	WOMENS	XS	S	M	L	XL	XXL	3XL		MENS	XS	S	M	L	XL	XXL	3XL	4XL
WOMENS		XS	S	M	L	XL	XXL	3XL											
MENS	XS	S	M	L	XL	XXL	3XL	4XL											
I'm running in honor of : _____																			

Circle event and date range:

	8/10/18- 10/31/18	11/1/18- 12/31/18	1/1/19- 3/23/19	3/24/19- 4/4/19	4/5/19-4/6/19 (Packet Pick up/Race day)
Half Marathon	\$40	\$45	\$55	\$65	\$75
5k	\$25	\$30	\$40	\$50	\$60
1 Mile Walk	\$20	\$20	\$20	\$25	\$35
Virtual Half	\$25	\$25	\$25	\$25	-
Virtual 5K	\$25	\$25	\$25	\$25	-

I would like to make a tax deductible donation to the APDA in addition to my entry fee \$ _____	
<b>Please make checks payable to WI Chapter of APDA. Mail to: 6536 Forest Park Drive Deforest, WI 53532</b>	<b>Total amount due: \$ _____</b>

This event/program may involve activities which can include risks such as, but not limited to, physical injury due to activity-related accidents, falls, illness, interaction with other participants, effects of weather, and traffic and other conditions of the road. In consideration of being allowed to participate in this event/program, I hereby assume all risks, including bodily and personal injury, property loss, and any other damages of any kind arising in any way out of my participation in this event/program and related activities.

By signing this Participant Waiver & Consent, I represent that I am in good health, and in proper physical condition to participate in this event/program, and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain, or any other conditions which would make it difficult or unsafe to continue.

I, for myself, and my heirs, executors, and administrators, hereby agree not to sue and to release, waive, and hold harmless, the American Parkinson Disease Association ("APDA"), its affiliates/chapters and each of their officers, directors, volunteers, employees, sponsors, or agents, from any and all liability, claims, demands, and causes of action whatsoever, arising from, or in any way related to, my participation in this event/program and related activities.

I hereby grant full permission for APDA to use, reproduce, publicly display, publicly perform, and publish my name and image as a participant in photographs, videos, and other recordings ("Images") for promotional purposes. I expressly release and hold harmless APDA and its officers, directors, volunteers, employees, sponsors, or agents from any and all claims which I have or may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of the Images.

This Participant Waiver & Consent shall be broad and inclusive to the extent permitted under the State or Province law in which this event/program is conducted. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

I have read, understand, and agree to the terms of this Participant Waiver & Consent.

Participant Name: \_\_\_\_\_  I am 18 years of age or older

Signature: \_\_\_\_\_ Date: \_\_\_\_\_