Deerfield Dash 2012

Saturday, May 19, 2012 ~10AM
Fireman's Park ~ Deerfield, WI
5K run/walk & 10K run
4th Annual Race
All proceeds benefit DCC and the Food Pantry

Pre-registration thru 5/8/12: $25
Fee After 5/8/12: $30
Groups of 4 or more: $20/ea
Youth in Deerfield or Girls on the Run: $15

Complete this form & mail with check payable to: DCC

DCC
PO Box 404
Deerfield, WI 53531

OR Drop Off Form at:
Deerfield Community Center
3 West Deerfield Street
Deerfield, WI 53531

Bib #s & T-Shirts may be picked up on Race Day at the Pavilion
Or the week of the race at Deerfield Community Center
Race Day Volunteers Needed!
Contact us at 764.5935 or deerfielddash@gmail.com
Come for the run stay for the fun!!

Register online at: www.active.com
Keyword: Deerfield Dash

Download this form at:
www.dccenter.org

Registration Form:

Which race are you entering (please circle)? 5K Walk 5K Run 10K Run

Sex: M F Age:_____ Shirt size: Women: S M L XL Men: S M L XL no shirt

Name:_____ _____
First Last

Address:_____ _____
Street City/State/Zip

Phone:_____ Email:_____

Group Name:_____(please submit 4+ entries together)

Deerfield on the Run or Girls on the Run (circle one)

WAIVER: I desire to participate in the Deerfield Dash in Deerfield, WI, on May 19, 2012
In consideration of my participation in the Deerfield Dash 5K/10K run/walk on Saturday, May 19, 2012 in Deerfield, WI, I hereby release the Deerfield Community Center, the Village and Township of Deerfield, its officers, employees and agents, from any and all liabilityfor damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of course route and for the presence or actions of any other participants. I am aware fo the risks of participation, which include, but are not limited to, the possibility of sprained and strained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical conditionto accept a rigorous level of physical activity. I understand that participation in this programis strictly voluntary and I freely choose to participate. I understand that the Deerfield Community Center or the Village or Township of Deerfield does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Signature_____ Date_____

Signature of Parent or Guardian
(if participant is under 18)_____ Date_____

For DCC and internal use only:

Entry Fee: $_____
For DCC and internal use only: Cash_____ or Check#_____ For DCC and internal use only: