



THE FALL CLASSIC RUN

SUNDAY, OCTOBER 24, 2010

MENOMONEE FALLS, WISCONSIN

PRESENTED BY
RAZOR SHARP MINDS FOUNDATION
AND
PERFORMANCE RUNNING OUTFITTERS

WHERE FINDING A CURE FOR ALZHEIMER'S DISEASE AND DEMENTIA HITS THE ROAD

WWW.THEFALLCLASSICRUN.COM

REGISTRATION FORM

___ **5KM (10:40 A.M.):** \$13/\$15 After October 16th

___ **10KM(10:30 A.M.):** \$17/\$20 After October 16th

___ **REDUCED REGISTRATION:** \$5 – Bring \$50 or more in donations to the Run on October 24th*

*Notify the Race Director of your intent to bring \$50 or more so you can receive your shirt on Race Day.

___ **ADDITIONAL DONATION:** I don't need the shirt; I wish to donate the proceeds.

→ **MAKE CHECKS PAYABLE TO RAZOR SHARP MINDS FOUNDATION**

PLEASE PRINT

NAME _____ AGE (RACE DAY) ___ MALE ___ FEMALE ___

ADDRESS _____

CITY _____ STATE ___ ZIP _____

PHONE: _____ EMAIL: _____

T-SHIRT SIZE (CIRCLE ONE): S M L XL

MAIL YOUR REGISTRATION FORM AND PAYMENT TO:

ATTN: **AARON NODOLF**
N19W24133 RIVERWOOD DRIVE
TWO RIVERWOOD PLACE, SUITE 200
WAUKESHA, WI 53188-1174

OR

DROP OFF YOUR REGISTRATION FORM AND PAYMENT AT PERFORMANCE RUNNING OUTFITTERS:

PERFORMANCE RUNNING OUTFITTERS
2205 N. CALHOUN RD
BROOKFIELD, WI 53005

OR

BRING YOUR REGISTRATION FORM AND PAYMENT TO THE RUN ON RACE DAY

Release & Indemnification Agreement

The Fall Classic Run involves running and walking – activities that may include risks such as, but are not limited to, falls, interaction with other participants, effects of weather, traffic, and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the event and related activities. Although route maps, rest stops, refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I present and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any physical or mental symptoms that would make it difficult or unsafe to continue. I agree for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless anyone associated with The Fall Classic Run, including but not limited to the Race Director, race affiliates, volunteers, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Wis. If any portion of it is held invalid, the balance shall continue in force and effect. I have read, understand and agree to these terms.

Participant's Signature _____

Parent/Guardian Signature* _____

*A parent or guardian must sign the release on behalf of each minor registering for The Run. If a parent/guardian signs, then the word "I" above means "I and my parent/guardian."