ONE FORM PER RUNNER

EAU FREEDOM FUN RUN & FEST

PRESENTED BY MARKQUART MOTORS & BLUE OX RUNNING

TO GUARANTEE A T-SHIRT:
POSTMARK BY JUNE 29 OR REGISTER ONLINE BY JULY 1

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐

DATE OF BIRTH ☐☐/☐☐/☐☐ AGE (ON RACE DAY) ☐☐

ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CITY ☐☐☐☐☐☐☐☐☐☐☐☐

STATE ☐☐ ZIP ☐☐☐☐☐ PHONE (☐☐☐) ☐☐☐-☐☐☐☐

EMAIL ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

T-SHIRT SIZE (CIRCLE ONE):
One t-shirt is included with each registration

Scan this QR code to register online

YOUTH: **M** ADULT: **S M L XL 2XL 3XL NONE**

ADDITIONAL T-SHIRTS are available for purchase through July 1 for $20 each. If you would like to purchase additional t-shirts, please add $20 per shirt onto your registration fee. Please indicate how many of each size you would like to order:

FUN RUN FEES: (select one) ☐ $25 age 13-adult ☐ $75 Family of 4+

I know running a road race is a potentially hazardous activity, which could cause injury or death. I should not enter and run unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I hereby grant full permission to use my name and any photographs, videotapes, or other record of this event for any purpose. Having read this waiver, knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Eau Claire, the County of Eau Claire, Fierce Freedom, Eau Freedom race directors and volunteers, Blue Ox Running, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

PARTICIPANT SIGNATURE: ______________________________ DATE: __________

PARENT/GUARDIAN SIGNATURE: ______________________________ DATE: __________

Mail this form and write check to: Fierce Freedom, PO BOX 246 Altoona, WI 54720