



# 10-Mile Run & 2-Mile Run/Walk Registration Form

Sunday, March 25, 2018 8:00 A.M. START Two Rivers High School

## 10-Mile Run Fee:

\$28.00 prior to Feb. 1<sup>st</sup> \$33.00 Feb. 1<sup>st</sup> to March 19<sup>th</sup> \$40.00 Race Weekend

## 2-Mile Run/Walk Fee:

\$17.00 prior to Feb. 1<sup>st</sup> \$20.00 Feb. 1<sup>st</sup> to March 19<sup>th</sup> \$25.00 Race Weekend  
(\$15.00 Student Discount Rate (18 and under) thru March 19<sup>th</sup> and \$18.00 Race Weekend)

**\*\*\* Please note shirt not guaranteed with Race Weekend Registration \*\*\***

## Please make checks payable to Two Rivers 10-Mile and mail to:

Two Rivers 10-Mile, Attn: Scott Jansky (Race Director), 2504 Pine Tree Drive, Two Rivers, WI 54241

**EVENT: AHC Two Rivers 10-Mile Run \_\_\_\_\_ AHC Two Rivers 2-Mile Run/Walk \_\_\_\_\_**

(Please note: 3-Person Relay Form is located on web site "REGISTRATION" Page)

Name (first, last) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Email \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

(Email address will only be used for race updates)

Street Address \_\_\_\_\_

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

## Please select gender specific shirt:

T-Shirt Size (Women's): S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

T-Shirt Size (Men's): S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL (add \$2.00 for XXL) \_\_\_\_\_

In consideration of the acceptance of my entry in the Aurora Health Care Two Rivers 10-Mile Run and 2-Mile Run/Walk, I hereby absolve and hold harmless the Two Rivers Public School District, City of Two Rivers, County of Manitowoc, Two Rivers Township, Wisconsin Department of Transportation, race organizers, race sponsors, and all persons connected with the race from any liability or injury incurred by me while participating in the Aurora Health Care Two Rivers 10-Mile or 3-Person Relay event. I further provide that this harmless agreement applies to my heirs, executors, and assignees. I am physically fit to participate in this event. I also hereby grant permission to use my name, photographs, videotapes, and motion pictures in connection with this event for any purpose.

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

(If under 18, Parent or Guardian Signature)

***Tworivers10mile.com***

**THANK YOU FOR CHOOSING TO RUN OUR EVENT!**