



Investing in Our Students Builds a Better Future

When: Promptly at **8:00 am** on **Saturday, August 10, 2019**

Registration: Webster High School opens at 6:30 am

Fee: **\$20 by July 20th** postmark, \$25 thereafter

Children ages 12 and under FREE, \$10 if they want a t-shirt.

**Registrations received after July 20th may NOT receive a t-shirt—so register early!*

Course: 5K (3.1 miles), starts at Webster High School

Awards: Special awards to 1st male and female finishers! Medals awarded for each age group

Goal: WEF funds enrichment projects that will enhance educational programs in the Webster district.

Webster Education Foundation 5K Walk/Run

Please print legibly, complete, sign and mail this form, with your check, by July 20th postmark to:

Webster Education Foundation, 26428 Lakeland Ave S, Webster, WI 54893

***Denotes required information**

Note: 1 runner/walker per registration form; you may also register morning of the race

First Name* _____ **Last Name*** _____

Mailing Address* _____

City* _____ **State*** _____ **Zip Code*** _____

Phone* _____ - _____ - _____ **Gender:** F M **Age*** _____ **on race day**

Email address _____

Race Entered* **Runner** **Walker** **Date of Birth (mm/dd/yyyy)** ____/____/____

T-Shirt Size* **YOUTH:** S M L **ADULT:** S M L XL XXL 3XL

For early registrations, we will make every effort to provide you with your selected shirt size.

Amount Enclosed: \$ _____ (sorry, no refunds) **Interested in joining the foundation?** Y N

Unfortunately I am unable to attend the WEF 5K Walk/Run for Education but please add me on the mailing list for the 2018 Webster Education Event

Please find my donation of \$ _____ to Webster Education Foundation enclosed. (Please make checks payable to Webster Education Foundation.)

WAIVER: In consideration of my signing this agreement, I enter this event at my own risk and assume any risk or responsibility for injuries I may incur as a direct or indirect result of participation in this event. I also agree not to hold liable any representatives or employees of the Webster Education Foundation, The Webster School District, The Village of Webster, Town of Meenon, St. Croix Tribe or the County of Burnett for said injuries. I also give The Webster Education Foundation the irrevocable right to use my name and photograph in all forms of media and in all manners for event promotion, advertising, trade, or any lawful purposes, I waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith.

Signature*: _____ **Date*:** _____

(Parent of participant if under 18 years old)