**KINDNESS COMMUNITY CLASSIC**

**Saturday-June 15, 2024**

**Pre-Race Festivities 8:00 am**

**Start: Tomah High School Track**

**Finish Line: High School Track**

*(Join us for food and beverages at the Finish Line)*

**Race Registration Form**

Complete one form for each participant (please print) & sign waiver.

Mail with registration fee to: **KINDNESS COMMUNITY INC PO Box 606 Tomah WI 54660**

Participant Name:

Gender: □Male □Female Age (on June 15, 2024):

Address:

City: State: Zip:

Email: Phone:

**EVENT (choose ONLY one) ENTRY FEE**

□**Angel Run (Age 4 and Under)-8:30 start time Run-Free Shirts will be available $8.00 on Race Day**

□**1/4 Mile Good Deeds Dash (Age 5-8)-8:40 start time $10 thru May 15, 2024 $15 until Race Day**

**□5 Mile Run-9:00 am start time $30 thru May 15, 2024 $35 until Race Day**

**□ 5K Run/Walk Individual-9:00 am start time $25 thru May 15, 2024 $30 until Race Day**

□**1K Special Needs Stampede-9:00 am start time $15 thru May 15, 2024 $20 until Race Day**

□**1K Champions Stroll-Seniors-9:00 am start time $15 thru May 15, 2024 $20 until Race Day**

**□Can’t be there but would like to support the charity $20 Shirt Only**

**SHIRT:**

**Adult Shirt Size: □XS □S □M □L □XL □XXL ($2 extra) □XXXL ($2 extra)**

**Good Deeds Dash Shirt Size: □ Youth Small □ Youth Medium □ Youth Large**

I, the undersigned, fully recognize the inherent risk of participating in the KINDNESS COMMUNITY 5 Mile run, 5K run/walk, Good Deeds Dash, Champions Stroll, Special Needs Stampede, and Angel Run and fully understand that it is not the exclusive purpose of these races or their officials, sponsors, and director to serve as guardians of my safety. I hereby release the KINDNESS COMMUNITY Committee, City of Tomah, Tomah Area School District, Lions Club, race director, and race workers and volunteers from any liability arising from any occurrence, whether foreseen or unforeseen, in connection with the individual races, which may result in injury, death, or other damage to me. I hereby assume full responsibility of the risk of any accidental occurrence resulting in injury, death, or other damage to my children participating in this event and further waive any claim by me, or my family, estate, heirs or assigns, arising from accidental occurrence. I further assume full responsibility for my physical fitness and capability to perform under the normal conditions of the event. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby certify that I am of lawful age and legally competent to sign this waiver and release and further certify that I am fully informed of the content of the waiver and release. I release consent and allow the KINDNESS COMMUNITY Committee and its agents to use my photograph or my child’s photograph as it pertains to me/my child’s participation with the KINDNESS COMMUNITY races in any manner for promotional efforts without any expectation of any reimbursement in connection with its use.

**Please Sign (under age 18-must have parent/guardian sign): Date:**

**PLEASE DO NOT SEND CASH-THANK YOU!**

**Make checks payable to: KINDNESS COMMUNITY, INC**

***Registration Forms received without fee are not valid \*\*In the event of cancellation-Shirts will be Distributed-no refund\*\****