



Saturday
September 7, 2024
10:00 a.m.



1020 Brandon St.
Tomah, WI 54660

REGISTRATION FORM

PARTICIPANT INFORMATION

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

DATE OF BIRTH

GENDER MALE FEMALE

REGISTRATION FEE

\$30

Register by August 15 for a shirt!
Complete the information below.


Adult Unisex Long Sleeve Shirt Size

S M L 1X 2X 3X
Circle One

Paid After 08/15

TOTAL AMOUNT ENCLOSED \$

PAYMENT METHOD

 Cash or Money Order ONLY
NO PERSONAL CHECKS

EMERGENCY CONTACT INFORMATION

NAME


PHONE

RELATIONSHIP

COMPLETE & SUBMIT PAYMENT TO:

Monroe County Veteran Services
202 S K St. Ste 5
Sparta, WI 54656
Hours Monday - Friday 8:00 am - 4:30 pm
Drop Off Box located near front entrance

SHIRT DELIVERY METHOD

 Pick Up Only: Winnebago Park
Friday 9/6 from 6 - 7:30 pm or
Day of Walk from 8:30 - 9:30 am

Participant Waiver & Release:

I, the undersigned, fully recognize the inherent and potential risk of participating in the Be the Light Run/Walk and fully understand that it is not the exclusive purpose of these races or their officials, sponsors, and directors to serve as guardians of my safety or my child's safety. I hereby release Monroe County, Monroe County Suicide Prevention Task Force, its Board of Directors, race sponsors, race directors, race workers, and any persons associated with the race from any liability arising from any occurrence, whether foreseen or unforeseen, in connection with the Be the Light Run/Walk which may result in injury, death, or any other damage to me. I hereby assume full responsibility of the risk of any accidental occurrence resulting in injury, death, or any other damage due to my children's participation 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, my child's physical fitness, and capability to perform under normal conditions of the event. I grant permission for my children to participate in the Be the Light Run/Walk. I release, consent, and allow Monroe County, Monroe County Suicide Prevention Task Force and its agents to use my photograph or my child's photograph, as it pertains to me/my child's participation with Monroe County and Monroe County Suicide Prevention Task Force, in any manner for promotional efforts without expectations of any reimbursement in connection with its use. 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 contents of the waiver and release. I give Monroe County and Monroe County Suicide Prevention Task Force permission to copyright and/or publish any images of me or my child & I waive the right that I may inspect and approve the finished product. I understand that the entry fee is non-refundable.

I have read and agree to the terms of the waiver:

Signature - Parent or Guardian if participant is under the age of 18

Print Name

Date