10th Annual Sue's Fun Run/Walk Registration

EVENT DATE- Saturday, OCTOBER 8th 2022 starting at 9am

(Registration begins at 7:30am)

on St. Feriole Island- Jaycee Shelter by Marina- Prairie du Chien, WI

Register online @ www.bucketsofhope.org

~or~

Complete this form and drop off at Crossing Rivers Hospital (concierge desk)

or mail to: Catie Dean 304 Buck Ridge Ct Guttenberg, IA 52052

Checks can be made payable to "Buckets of Hope, Inc.".

BE A WINNER!!! Pre-Registration BEFORE SEPTEMBER 20th to be guaranteed a t-shirt and have a chance to win a \$50 Kwik Trip gas card. Please mark the box(es) that suits you and circle your shirt size below the order form.

Registration and t-shirt is \$25/personT-shirt only \$20

100% of all Proceeds go towards local families dealing with major life changes. Shirts will be handed out from 7:30am to 8:30am on the day of the race at the St. Feriole Island in Prairie du Chien, Wisconsin. There are drawings for many gift baskets that people have donated on the day of the race. Please come and join us for good fun whether it rains or shines to keep the celebration of Sue Mara's legacy going. Thank you for participating in our Annual "Sue's Fun Run/Walk" in Sue Mara's honor.

The run will begin at approximately **9:00 am**. Please call Rachael George @ 608-412-4403 or Joanne Prew @ 608-874-4542 with any questions.

Please complete the information below and submit it with your registration fee. If your family or organization would like to be a sponsor and have your name on the back of shirts the cost is \$100 just call to inform us of this. Thank you for your continued support and participation. It is greatly appreciated.

Name of participant (printed):					Date signed:
Shirt size (circle one): Adult(unisex):	S	М	L	XL	XXL
Youth:	6-8	10-12		14-	16
Email Address (optional):					

Release of Liability

I hereby absolve and hold harmless to the City of Prairie du Chien, the County of Crawford, the EMS/crew, all sponsors, and volunteers from any liability for any injury incurred by myself while participating in the Sue's Fun Run/Walk. I further provide that this consent and waiver applies to my heirs, executors, and assignees. I attest and verify that I will participate in this event and my physical condition has been verified by a licensed medical doctor. Further, I grant full permission to any and all of the foregoing to use my name and any photographs or any other record of me participating in the event for any publicity and /or promotional purposes without obligation or liability. I have read the entry provided and certify compliance by my signature below. I also understand entry fees are non-refundable.

You MUST sign and date here to indicate that you understand the above information. If this form is being complete for someone under 18, their parent or guardian must sign and date here.

Name (printed):_____

Date signed:

Signature: _____ Age: _____