

9th Annual Sue's Fun Run/Walk Registration

EVENT DATE- OCTOBER 9, 2021 @ 9am

St. Feriole Island- Prairie du Chien, WI

At Jaycee Shelter on North Water Street

Register online @ www.bucketsofhope.org

~or~

Complete this form and mail to:

Catie Dean 304 Buck Ridge Court Guttenberg, Iowa 52052

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

Pre-Registration BEFORE SEPTEMBER 15th

Please mark the box(es) that suits you and circle your shirt size below of order form.

Registration and t-shirt is \$25/person

T-shirt only \$15

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 also **AMAZING drawings for many gift baskets** that people have donated on the day of after the race ends. 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 9th annual "Fun Run/Walk" in Sue Mara's honor and to **pay it forward by helping others**. The run will begin at approximately **9:00 am**.

Please call Rachael George @ 608-412-4403 or Joanne Prew @ 608-874-4542 with questions. 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 M L XL XXL
Youth: 6-8 10-12 14-16

Email Address (optional): _____

Sign back of this form

Amount Paid _____ (check/cash)

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 certified 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 completed for someone under 18, their parent or guardian must sign and date here.

Name (printed): _____ Date signed: _____

Signature: _____

Relation (if under 18) _____
