Family 2 Mile Fun Walk

Sunday, September 11, 2016 (Grandparents Day)

1:00pm Start at the end of Amundson Parkway

Stoughton

Please print clearly.

Last Name_____ First Name_____ M.I.___

Address_____City_____State_____

Age_____ Telephone_____

Please check T shirt size S (8-10)_____

M (10-12)_____ Large (14-16)_____

Adult S(34-36)_____Medium(38-40)_____

Large L (42-44)_____XL(46-48)_____

_____ I have enough T shirts at home. Please use my entry fee to further support the walking trail at Stoughton Hospital.

All profits will add to the walking trail and healing gardens along the trail.

Entry Fee $12.00 by August 29. Day of accepted.

Release of Claims for Personal Injury as participant in the Family Fun Walk September 11, 2016.

In consideration of my rights to participate in the walk event, I hereby release Stoughton Hospital and the Partners of Stoughton Hospital, all sponsors, and walk officials from any liability of personal injury incurred by me in participating in this walk. I further certify that I am in proper condition to participate in this walk and am aware of all inherent risks. I give permission to use photos taken of me in this event for promotional uses.

Parent or guardian if under 18_____

Adult Signature_____

Date_____

Mail or drop off entry form: Stoughton Hospital Gift Shop, 900 Ridge St., Stoughton, WI 53589