

April 19th @ Wildwood Park

5K run/walk starts at 10am

The 5K run will be through The Wildwood Park & professionally timed.

Awards will be given to the following categories with finish times under 30 minutes:

Top 3 Male Finishers

Top 3 Female Finishers

Top 3 Stroller Finishers

Top 3 Males Ages:

<19

20-29

30-39

40-49

>50

Top 3 Females Ages:

<19

20-29

30-39

40-49

>50

Strollers and wheelchairs welcome!

*Please no scooters, rollerblades, or bikes

**Register before April 1st
for reduced rate!**

Location

Wildwood Park
Pavilion Chicago/NW Side
608 W 17th Street
Marshfield, WI 54449

Registration on April 19th

8am-9:30am

5K Race

Starts at 10am

Kids Fun Run

For kids under the age of 5!

Sign up at Registration!!!

*Each child will receive a prize

Family Fun Day

9am-noon

Kids Activities

Easter Basket Drawings

Food

Entertainment

FREE

**For more information visit
www.woodcountybreastfeeding.org
and follow us on Facebook!**

Entry Form for Marshfield 5K for Breastfeeding

Primary Contact:

Name: _____

Age: _____ Circle: M or F

Email: _____

Phone Number: _____

T-shirt: Child: S M L Adult: S M L XL

Name: _____

Age: _____ Circle: M or F

T-shirt: Child: S M L Adult: S M L XL

Name: _____

Age: _____ Circle: M or F

T-shirt: Child: S M L Adult: S M L XL

Register by April 1, 2013 for \$20 rate

After April 1 cost is \$25 per person

COST

\$20 per person before April 1, 2014

\$25 per person after April 1, 2014

Children 9 and under are FREE or \$10 for t-shirt

Total: # Individuals _____ X \$ _____ = \$ _____

Waiver for 5K for Breastfeeding on the Back

*** Everyone must sign. Guardian must sign for minors**

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**Make checks payable to: Wood County Health Dept
& send along with this form to:**

Wood County Health Department

Attn: Amber France

420 Dewey Street

PO Box 8080

Wisconsin Rapids, WI 54494

Waiver for the 5K for Breastfeeding

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of an assurance of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the course. I, for myself and heirs and executors, hereby waive, release and forever discharge the events organizers, sponsors, promoters and each of their agents representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, web site images, recordings, or any other record of this event.

MAKE COPIES OF ENTRY FORM AS NEEDED



WCBC 2014 Events

September 13th

10K in Wisconsin Rapids

September 26th

Golf Outing @ Rivers Edge

Golf Course in Marshfield

Questions?

Contact:

Amber France or Leah Meidl
Wood County Health Department
(715) 421-8911

or

afrance@co.wood.wi.us
lmeidl@co.wood.wi.us

WCBC 5K

Marshfield, WI



April 19, 2014

Wood County
Breastfeeding Coalition