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Scheurer Healthcare Network Scheurer Train - Pigeon Sunset Classic 5k Race Registration Form 2014

Name			
Address			
City State Zip			
Email Phone Number IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Gender (circle) M / F Age (as of 7/17/14) Division (circle) Walk Run			
Shirt Size (circle) Adult - S M L XL XXL Youth - S (6-8) M (10-12) L (14-16			
Release and Hold Harmless Agreement (Read carefully and sign below) In consideration of the Pigeon Chamber of Commerce, Scheurer Healthcare Network, the Village of Pigeon, and Winsor Township permitting me to participate in the Pigeon Sunset Classic 5k Race, I, the undersigned, do hereby agree to assume all risk and liability associated with my participation in this event. I recognize and acknowledge that such risks of participation in an outdoor race include, but are not limited to, personal injury and property damage due to crowds, vandals, traffic, inclement weather conditions, including rain, hail, lightening and wind, as well as losses related to theft. On behalf of myself, my heirs, successors and assigns, I do further agree to release hold harmless and indemnify the Pigeon Chamber of Commerce, its members, Scheurer Healthcare Network, the Village of Pigeon, Winsor Township and its officials, employees, agents and volunteers from any and all liability or responsibility whatsoever for injury (including death) to persons, for any damage to any Village or County property, or the property of others, arising of, or resulting from, my participation in the 2014 training program and event. I do hereby waive, release and discharge the Pigeon Chamber of Commerce, its members, Scheurer Healthcare Network, the Village of Pigeon, Winsor Township and its officials, employees, agents and volunteers from any and all claims, demand, actions, damages, and liabilities resulting or arising directly or indirectly out of my participation in the 2014 Pigeon Sunset Classic 5k Race and Scheurer Train training program. I also release with this signature the use of all photos, videos and Internet publications for the use of Scheurer Healthcare Network, the Pigeon Chamber of Commerce and its members.			
Agreed to this day of, 2014.			
Signature (If under 18 years, signature of parent or guardian)			
Name and phone number of parent or guardian			