

fish creek, door county, wisconsin

JULY 4, 2023

OFFICIAL ENTRY FORM

Important Note: Complete the registration form and sign the waiver on page 2. Both forms must be completed and returned in order to process your registration. Minors under 18 on Race Day must have a parent/legal guardian's signature.

First Name:	Last Na	me:		
Address:			Apt. #	
City:		State:	Zip:	_
Email:		Phone:		
Gender: Male / Female	Age on race day: _			
Emergency Contact Name:				_
Emergency Contact Phone: _				_
Unisex Size: X-Small / Small / N Kids: Small / Medium / Large / X	•	/ XXL		
Entry Fee: Adults (Ages 15 & Older) Mar 1 - Apr 30: \$30 Mar	Youth (Ages 14 & l Mar 1 - Apr 30	3 14 & Under) - Apr 30: \$10	Sub Total	\$
Mar 1 - Apr 30: \$30 May 1 - July 3: \$35 July 4 (on-site only): \$42*	May 1 - July 3	: \$12	x WI Sales Tax 5.5%	\$
July 4 (on-site only): \$42* *WI STATE TAX is included in th	July 4 (on-site ne day of registration price	only): \$16* e.	Total Amount	\$
Are you planning on walking? (0	Circle One) YES	NO		

Registration for the Hairpin 5k will close when the registration cap is reached or on June 20. The website will be updated when registration is full.

Make checks payable and mail to: Hairpin 5k/ 8142 Hwy 57/ Baileys Harbor, WI 54202

Cancellation Policy: Sorry, but we cannot offer refunds on entries due to injury or in the event the race is canceled or shortened due to weather conditions. Entries may not be transferred to the next year. A participant may transfer a registration to another person; transfer fee will apply. Giving your bib to another person is forbidden and will result in automatic disqualification.

Confirmation sent via email from Race Roster. For complete information visit our website, hairpinrun.com



PARTICIPANT WAIVER

Athlete's Participation Agreement. The Event: As used herein the term "Event" means not just the race itself that I have selected on the Entry Form, but also those activities sponsored, controlled or organized by the Peninsula Pacers, LLC (Hairpin 5k), which I attend or participate during the race weekend. Fitness: I represent and warrant that I have sufficient experience with distance running, and that I have a sufficient level of fitness and health to participate in the Event. Insurance: I represent and warrant that I currently have, and shall maintain throughout the time that I train for and compete in the Event, valid and sufficient insurance (be it medical, accident, disability or life insurance) to protect my and my family's interests, or if I do not, that I hereby waive the opportunity to obtain such. I acknowledge the Hairpin 5k is not an insurance company, and that no one has represented to me that the Hairpin 5k has obtained insurance that would provide coverage to me. Venue: Any controversy or claim relating to the enforceability of, or arising out of, the Agreement or the Waiver & Release of Liability Agreement (collectively, the Agreements") or in any way relating to my attendance at or participation in the Event, shall be solely and exclusively resolved in the Circuit Court for Door County, Wisconsin (or, if removable, in the U.S. District Court for the Eastern District of Wisconsin). I waive any objections I might have to that venue or those courts exercising personal jurisdiction over me. Applicable Law: The internal laws of Wisconsin control the interpretation and enforcement of the Agreements and the parties deem this agreement to have been entered into in Wisconsin. Choices: I enter into these Agreements by my own free will, and acknowledge that I have choices relating to participation or not participation in this Event. I acknowledge that if I do not want to accept the terms offered in these Agreements, I can choose to forgo participation in this Event. Media Consent: I hereby grant Hairpin 5k the right and permission (a) to use and authorize others to use photographic portraits and video of me, and to modify such portraits and video, for illustration, promotion or advertising purposes; and (b) to contact me for marketing purposes. Medical Emergency: In case of an emergency, I authorize the Hairpin 5k to provide or authorize at my expense medical treatment and/or transport, and to contact the emergency contact person listed on the Entry Form, and disclose to him/her whatever information (including confidential medical information) the Hairpin 5k in its discretion chooses to disclose. Truth and Assigns: I represent and warrant that I have read these agreements, and understand them, and that the information I provide in the Entry Form is true. I make these Agreements on behalf of myself, and on behalf of my heirs, of these representatives, successors and assigns. Severability: These Agreements are intended to be as broad and inclusive as permitted by Wisconsin law, and if any portion Agreements are held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. Integration Clause: As to any claim arising out of or related to my attendance or participation in the Event, these Agreements collectively: (a) supersede any previous oral or written promises or agreements, and (b) are not the result of or modified by any oral representations or statements of any agent or employee of Hairpin 5k.

These Agreements contain the only agreements between the parties regarding the Event, are	nd may only be modified or terminated in a writing signed by myself and Hairpin 5k.
READ ALL OF THE ABOVE BEFORE SIGNING BELOW	
Athlete's Signature_	Date
Parent or Guardian's Consent and Agreement. I, the person signing below, represent and a behalf of the minor athlete named above (the "Athlete") (2) I hereby enter into the above particles, defend and indemnify the Release Parties from any and all claims of mine — a (be it property or personal injury related) due to the Athlete's attendance at or participation	articipation agreement on behalf of myself and on behalf of the Athlete;(3) I agree to and any spouse, heir, representative or assign of mine – arising from loss or damages
Parent/Guardian Signature	Date
Parent/Guardian Name	
Athlete's Waiver & Release of Liability Agreement. I the athlete named below, want to part and I am willing to enter into the following Agreement. In consideration of the Peninsula Pa as follows: My Knowledge of Risks: I know that distance running is an action sport, carrying environmental conditions and risks that independently or in combination can result in partic rare situations, sustaining injuries that result in death. I have either familiarized myself with opportunity. My Acceptance of Risks: I hereby accept and assume all risks associated with a responsible for my personal safety. I agree to accept all responsibility for the risk, conditions or foresee the specific risk, condition or hazard that results in injury. Waiver, My Responsibility for Injury Costs: I hereby waive all claims I may in the future ha Participation Agreement), relation in any way to personal injuries or death I sustain due to in advance, the Release Parties from any and all liability that may arise out of any Release limited to negligent rescue attempts) but I do not by this Agreement waive, release or disc to any claim released hereby, I agree not to sue any of the release Parties for such released arising out of or related to such released claims.	acers, LLC (Hairpin 5k) allowing me to participate in the Event, by signing below I agree is risk of personal injury. I know there are natural, man-made, mechanical and cipants in the Event sustaining injury (including permanent disability or paralysis), or in the Event location generally and race specifically, or hereby voluntarily forgo that attending and/or participating in the Event, and I acknowledge that I alone am is and hazards which may exist during the Event, whether or not I at this time know of ave against any of the Release Parties (as that term is defined in the Athlete's on my attendance at or participation in the Event. I specifically release and discharge, a Party's negligence or carelessness in association with the Event (including but not charge any claims for harm caused by a Released Party intentionally or recklessly. As
My Related Acknowledgements: I acknowledge that I have the right or opportunity to nego acknowledge and represent that (a) I have read this Agreement and the Athlete's Participation I am giving up important legal rights that I might otherwise have; and (d) I am entering into the my own free will. THIS IS A WAIVER & RELEASE OF LIABILITY AGREEMENT: READ ALL OF THE ABOVE BEFORE	on Agreement. (b) I understand this Agreement; (c) I understand that by signing below the Agreement and choosing to participate in the Event without compulsion, and by
THIS IS A WAIVER & RELEASE OF EIABLETT AGREEMENT. READ ALL OF THE ADOVE BLICKE	SIGNING BELOW
Athlete's Signature	Date
(If the athlete is less than 18 years of age as of the date of this Agreement, then a parent or Parent or Guardian's Representation, Consent and Waiver Agreement. I, the person signin Release of Liability Agreement on behalf of the minor athlete named above (the "Athlete"), terms. Furthermore, to the extent I have in the future any claims relating to the Athlete's at claims hereby, including all claims for negligence, except that I do not waive, release or discharge the contract of the contract of the second seco	ng below, represent and agree that (1) I have the legal right to enter into this Waiver $\&$ and (2) I hereby on the Athlete's behalf consent to and agree to all of the above ttendance at or participation in the Event. I hereby waive release and discharge those

Date

Relationship Page 2 of 2

Parent/Guardian Signature_

Parent/Guardian Name