



**A Braveheart Series Event**

**Saturday January 13<sup>th</sup>, 2018**

Holiday Acres Resort  
4060 South Shore Dr. Rhinelander, WI 54501

**Race Start 10:30 am**  
Kids Race Start 9:30 am  
Registration 8:30am - 10:00am

Register by January 10<sup>th</sup> to guarantee a race hat

Questions? Contact Anita • 715-490-3428 or Val • 715-360-3874

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**E-mail:**

**Age (on race day):**

<b>Race Category</b>	5K	10K	Kids					
	5K Mountaineer	10K Mountaineer						
<b>Gender</b>	Male	Female						
<b>Age Category</b>	12 & Under	13-19	20-29	30-39	40-49	50-59	60-69	70 & Over



PO Box 442  
Rhinelander, WI 54501  
www.rastatrails.org

**Awards**

Overall male/female awards in 5K and 10K  
1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> male/female in each age division  
(excluding overall)  
Mountaineer  
Kids Race - all participants receive token

**Cost**

\$25 Registration received by January 10, 2018  
\$30 After January 10, 2018  
\$10 Under 18 years old, \$15 with a race hat  
Kids race Free

Please Submit Form, Pay Race Fee  
(payable to RASTA) and Sign Event Waiver.



BIB NUMBER			



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### RELEASE AND CONSENT

In consideration of Rhinelander Area Silent Trails Association (RASTA), all landowners involved, all sponsors involved, and affiliated parties involved permitting (me) (my child \_\_\_\_\_, who is under 18) to participate in the above-named event, I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) (my child) may have against RASTA, all landowners involved, all sponsors and affiliated parties, their directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Release Parties in connection with the event.

Consent also is hereby given to use (my) (my child's) name, picture, portrait, likeness, writings or biographical information and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of Release Parties.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon (me) (my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child's).

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

I affirm that I am the parent/legal guardian of \_\_\_\_\_  
and that I have full authority to authorize  
his/her participation in the above reference  
event.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_