



Weston Fest 5K Family Fun Run & Walk

Promoting a fun and healthy activity for families to participate in

Saturday, July 25, 2009

Start Time: 8:00 a.m.

Same-day registration
starts at 6:30 a.m.

Start Location:

Trailhead of the Eau Claire River Trail
Located on the north end of Ryan Street

Registration Fees:

\$5.00 Individual
\$10.00 Families (limit 8)

Mail Registration to: Village of Weston, 5500 Schofield Avenue, Weston, WI 54476. Contact Valerie at (715) 241-2607

ALL PARTICIPANTS WILL RECEIVE A FREE DAY SWIM PASS TO OUR WESTON AQUATIC CENTER

Join us after this event for the Pancake Breakfast being held at the Weston Fire Department.

Call (715) 359-6114 or visit www.westonwisconsin.org for costs and details.

Please complete the registration information on the reverse side of this sheet.

FAMILY REGISTRATION FORM - \$10.00 PER FAMILY
Limit 8 participants per family

Family Participant Name: _____

Address: _____ Phone _____

City: _____ State _____ ZIP _____ E-mail: _____

Family Participants (limit 8 individuals per family registration)

	First Name	Last Name	Age
1			
2			
3			
4			
5			
6			
7			
8			



INDIVIDUAL REGISTRATION FORM - \$5.00 PER INDIVIDUAL

Individual First and Last Name: _____ Age: _____

Address: _____ Phone _____

City: _____ State _____ ZIP _____ E-mail: _____

PLEASE READ AND SIGN THE WAIVER BELOW

Waiver:

In consideration of my participation in the Village of Weston's Weston Fest 5k Family Fun Run & Walk, I the undersigned, my heirs, executors, and administrators consent to discharge, release and hold harmless the Village of Weston, sponsors, volunteers, and their affiliates, agents, successors, and distributors for claims, action losses, damages, or expenses for personal or bodily damage, and property loss of damage incurred by my arising out of or in connection with my participation in this event. *I hereby grant permission to the parties listed herein to use my name and photographs, videotapes, recordings or any other record of my participation in this event for any purpose.*

I HAVE READ THE FOREGOING AND AM OF LEGAL AGE TO CONSENT TO THE WAIVER, AND HAVE TRAINED TO THE BEST OF MY ABILITY FOR THIS EVENT.

 Participant's Signature (Individual or Head of Family)

 Parent or Guardian signature if individual participant is under 18

OFFICE USE ONLY
Paid \$ _____
Cash/Check # _____
Date _____
Received by _____
Flyer revision date: 03-26-09