



Haunted Hustle 5K Registration Form

PARTICIPANT INFORMATION

First Name	Last Name	DOB
Address	City/State	ZIP
Email Address	Phone Number	
Emergency Contact Name		Emergency Contact Phone Number
Shirt Size* (Check one box) Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		
Race Pricing <input type="checkbox"/> 5K (15 Years +) \$30	<input type="checkbox"/> 5K (14 Years and Under) \$15 This race price includes the Spooky Sprint.	<input type="checkbox"/> Kids' Spooky Sprint \$15
Please make check out to Group Health Cooperative of Eau Claire.		

ADDITIONAL RUNNERS WITH THE SAME ADDRESS? ENTER THEM BELOW.

First Name	Last Name	Race <input type="checkbox"/> 5K (15 Years +) <input type="checkbox"/> 5K (14 Years and Under) <input type="checkbox"/> Kids' Spooky Sprint	Shirt Size*
		<input type="checkbox"/> 5K (15 Years +) <input type="checkbox"/> 5K (14 Years and Under) <input type="checkbox"/> Kids' Spooky Sprint	
		<input type="checkbox"/> 5K (15 Years +) <input type="checkbox"/> 5K (14 Years and Under) <input type="checkbox"/> Kids' Spooky Sprint	
		<input type="checkbox"/> 5K (15 Years +) <input type="checkbox"/> 5K (14 Years and Under) <input type="checkbox"/> Kids' Spooky Sprint	

*Race day registrants aren't guaranteed a shirt. Limited availability.

CANCELLATION AND TRANSFER POLICY: REGISTRATION FEES ARE NON-REFUNDABLE.

LIABILITY WAIVER: Participation in a physical event may involve risk to my health. I certify I am in good physical health and fit to participate. I further acknowledge that participation in such an event carries inherent risk of injury to my person and/or damage to my property and hereby waive and release for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities, including but not limited to claims resulting from negligence, which may hereafter accrue against Group Health Cooperative of Eau Claire, and its affiliates, their agents, employees, volunteers, directors, successor and assigns, the City of Eau Claire, and any and all sponsors, their representative and successors, that may arise as a result of my participation in the above-described event. If the participant is a minor, as the parent/legal guardian of the above-named participant, I hereby acknowledge, waive and release all of the above on behalf of my child. In addition, I accept full responsibility for the care and supervision of my child during above-describe events.

MARKETING RELEASE AND PRIVACY NOTICE: I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me. Group Health Cooperative of Eau Claire does not sell any registrant or participant information to third parties and does not otherwise use this information excepted as listed herein and for use of servicing the event.

Signature: _____

Date: _____