

Registration

Participants in the 23rd Annual "Walking-A-Fair 2024" will receive a t-shirt and FREE ADMITTANCE to the Manitowoc County Fair! (A \$10.00 value!)

Walk Day Registration: 4:00 ending at 5:45 sharp. Participants must enter the WEST GATE by the Ice Center!

Walk begins at 6:00 PM.

Children 10 & under and Special Olympic athletes - \$15

Pre-registration by mail - \$20 or online registration @ www.walkingafair.com - \$22

Same day registration - \$25

Please make your check payable to **Manitowoc County Miracles Special Olympics**. Send the completed registration form by Wednesday, July 31st to be guaranteed a shirt to:

"Walking-A-Fair 2024"
c/o Sandi Finnel
8624 Arrow Road
Manitowoc, WI 54220

Registration Form

"Walking-A-Fair 2024"

Wednesday, August 21, 2024

Manitowoc Expo Fairgrounds

Name _____

Address _____

City _____ Zip _____

Phone _____

_____ Email _____

Sex: M _____ F _____ Age: _____

Shirt Sizes:

Youth S _____ Youth M _____ Youth L _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

By registering for this event you are agreeing to allow Special Olympics to use all event-related photography & video for marketing needs.

Please make checks payable to:
Manitowoc County Miracles Special Olympics



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND PARENTAL CONSENT
(Do not sign without reading)

In exchange for permission for me and/or my minor child to participate in the Special Olympics Wisconsin **2024 Walking-A-Fair** in Manitowoc, WI, I represent that:

*I UNDERSTAND THE NATURE OF THE ACTIVITY.

*I UNDERSTAND THAT THE ACTIVITY INVOLVES risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of other Activity participants the conditions in which the Activity takes place, or the negligence of the RELEASEES named below; and that there may be other risks either not known to me or not readily foreseeable at this time. I understand that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

*I CONSENT TO THE PARTICIPATION OF MY MINOR CHILD. (This applies only if my minor child's name is shown below as a participant.)

*I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

*I HEREBY RELEASE, DISCHARGE AND PROMISE NOT TO SUE Special Olympics Wisconsin, Special Olympics, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and landlords of premises on which the Activity takes place (each considered one of the "RELEASEES" herein), from all liability, claims, demands, losses, or damages that I and/or my minor child suffer which are caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations.

*I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each RELEASEE from any loss, liability, damage, or cost which any may incur ,if ,despite this release and waiver of liability, and assumption of risk, I or any one on my and/or my minor child's behalf, makes a claim against any RELEASEE.

*I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND PARENTAL CONSENT (collectively "Agreement"), UNDERSTAND THESE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, and have signed it freely and without any inducement or assurance of any nature. No Releasee or person on behalf of any Releasee has told me anything that is inconsistent with or contrary to the terms of this Agreement. I understand that, in reliance upon my signature on this form, voluntarily given, I may be permitted to participate in the Activity noted above. I intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this Agreement is held to be invalid, the balance shall continue in full force and effect.

*DO NOT SIGN this Release and Waiver form unless you understand and accept the terms stated above. If you want Special Olympics Wisconsin (SOWI) to consider different terms for a Release/Waiver, please note them below or on the reverse side and submit the unsigned form for SOWI's review and consideration. If SOWI accepts or desires to counter the term(s) you propose SOWI may contact you to discuss the matter.

Print name of Participant here

Date

Signature of Participant (if age 18 or over)

Signature of Custodial Parent/Legal Guardian
For self and any other parent/guardian
(If participant under age 18)

Witness to Above Signature