



WORLD MENINGITIS DAY 5K WALK REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: (_____) _____

EMAIL: _____ @ _____

PRE-REGISTRATION - \$16
WALK DAY REGISTRATION - \$20
STUDENTS WITH ID - \$10
CHILDREN AGES 5-11 - \$8
CHILDREN AGES 4 & UNDER - FREE



CREDIT CARD INFORMATION (PLEASE CIRCLE ONE) MASTER CARD VISA

NAME ON CARD: _____

CARD # _____ EXP DATE: _____

CVC CODE (3-DIGIT # ON BACK OF CARD) _____

T-SHIRT SIZE (please circle one - T shirt guaranteed only if registered by April 9, 2010)

ADULT **XL L M S** YOUTH **XL L M S**

Release & Waiver Statement: *As a participant, I assume all risk associated with walking this event including, but not limited to, falls, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and the condition of the walkway, all such risks being known and appreciated by me. Having read this waiver, knowing these facts and in consideration of your accepting my entry, I, and anyone entitled to act on my behalf, waive and release The Becky Werner Meningitis Foundation, Concordia University WI, any sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I give permission to use any pictures, video footage, etc. that is taken at the walk to use in future promotional materials.*

Participants under the age of 18 must have this form signed by parent/guardian.
Children ages 14 and under must be accompanied by an adult!

Signature (or parent/guardian if under 18 years of age)

_____ Date: _____

Mail to: The Becky Werner Meningitis Foundation
S95 W32805 Hickorywood Trail
Mukwonago, WI 53149

OR

Fax to: (262) 363-4882