

2022 Sheboygan YMCA Freedom Run
One form per entrant. Please print.

Name _____
 Address _____
 City _____ State _____
 Zip _____ Phone # _____
 Birth Date _____ M F
 Email _____

Age as of 7/4/22 _____

Event		T-Shirt Size	
<input type="checkbox"/>	2 Mile Walk	<input type="checkbox"/>	Youth SM 6-8
<input type="checkbox"/>	2 Mile Run	<input type="checkbox"/>	Youth MD 10-12
<input type="checkbox"/>	5 Mile Run	<input type="checkbox"/>	Youth LG 14-16
<input type="checkbox"/>	Virtual 2/5 mile run/walk	<input type="checkbox"/>	Adult SM
		<input type="checkbox"/>	Adult MD
Entry Fee+		<input type="checkbox"/>	Adult LG
<input type="checkbox"/>	\$20.00 Virtual	<input type="checkbox"/>	Adult XL
<input type="checkbox"/>	\$20.00 Walk	<input type="checkbox"/>	Adult XXL*
<input type="checkbox"/>	\$25.00 Run		<i>*add \$3.00 for XXL shirts</i>
+add \$5.00 after 6/17			

Registration forms can be:

- Emailed: harpke@sheboygancountymmca.org
- Mailed to the Sheboygan Y
- Dropped off at either YMCA
- Faxed

continue to reverse side for ►



SHEBOYGAN YMCA

812 Broughton Dr, Sheboygan, WI 53081
 P 920-451-8000 • F 920-451-8019

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Waiver Of Liability

In consideration of the acceptance of my entry in the Freedom Run on July 4, 2022, I release the Sheboygan County YMCA, all other sponsors, the City of Sheboygan, Wisconsin and any other entities and individuals who are in any way connected with the event (including volunteers assisting with the event) from any liability or claims for any injury or illness which I sustain during my participation in this event or which is in any other way related to this event.

I understand that this release is being relied upon by the persons permitting me to participate. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature _____

Parent/guardian signature if entrant is under 18.

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Payment

- Cash
- Check # _____
- Credit Card
 - Account # _____
 - Exp Date _____ Security Code _____

Print Name _____

Signature _____

Payment

- Cash
- Check # _____
- Credit Card
 - Account # _____
 - Exp Date _____ Security Code _____

Print Name _____

Signature _____

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- Cash
- Check # _____
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Print Name _____

Signature _____