

2024 Sheboygan YMCA Freedom Run
One form per entrant. Please print.

First Name _____
 Last Name _____
 Address _____
 City _____ State _____
 Zip _____ Birth Date _____
 Phone # _____
 Email _____

Age as of 7/4/24 _____

Event		Gender	
<input type="checkbox"/>	2 Mile Walk	<input type="checkbox"/>	Female
<input type="checkbox"/>	2 Mile Run	<input type="checkbox"/>	Male
<input type="checkbox"/>	5 Mile Run		
To receive a walking time, enter 2-mile run			
Entry Fee (3/1-5/31)		Entry Fee (5/31-7/4)	
<input type="checkbox"/>	\$20.00 No Shirt	<input type="checkbox"/>	\$25.00 No Shirt
<input type="checkbox"/>	\$25.00 with Shirt	<input type="checkbox"/>	\$30.00 with Shirt
<input type="checkbox"/>	\$20.00 Virtual	<input type="checkbox"/>	\$25.00 Virtual
<input type="checkbox"/>	<i>I prefer to sleep in please accept my donation \$_____</i>		
Shirt Selection			
Youth Shirts		Adult Unisex Shirts	
<input type="checkbox"/>	Small (6/8)	<input type="checkbox"/>	Small
<input type="checkbox"/>	Medium (10/12)	<input type="checkbox"/>	Medium
<input type="checkbox"/>	Large (14/16)	<input type="checkbox"/>	Large
		<input type="checkbox"/>	Extra Large
		<input type="checkbox"/>	XX Large - Add \$3

continue to reverse side for ►
Waiver and Payment Information

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Waiver Of Liability

In consideration of the acceptance of my entry in the Freedom Run on July 4, 2024, 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 # _____
- Credit Card
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Print Name _____

Signature _____