



Phillips Flurry Snowshoe 5k & 10k Run/Walk

The Wisconsin State Snowshoe Championships!

www.phillipsflurry.com

Proudly Sponsored by Marshfield Clinic & Flambeau Hospital



Flambeau Hospital

Race Day: January 27, 2018 (Saturday) **Registration:** 8:30 – 10:00 A.M. **Race Start:** 10:30 A.M. (All Races)

Location: Phillips School Forest (N9199 N. Worcester Rd) **Age Groups:** 10-14; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70+

Entry Fees (Pre-register postmarked by 1/15/18)

- \$25.00 Pre-register (with shirt)
- \$20.00 Pre-register (without shirt)
- \$30.00 After 1/15/18, including Race Day
- \$ 5.00 Children 9 & under (Includes meal and finisher's medal, but no shirt)

**REGISTER ONLINE at www.phillipsflurry.com
NO PROCESSING FEES CHARGED!**

Race Perks!

- Long sleeve cotton t-shirt (*pre-register to guarantee this year's design or expect to receive a previous year's shirt*)
- Warm post-race meal catered by Lola's Lunchbox
- Entry into the drawing for great door prizes
- Complimentary race photos
- FREE post-race admission to the Phillips Community Pool (from 1-4pm), including the hot tub and showers

Awards: Custom trophies to overall winners! Medals to top three in each age group!

NEW! Captains of pre-registered teams will receive a \$10.00 gift certificate to Harbor View! Team Divisions: (Corporate, Mens, Womens, Mixed, HS Boys & HS Girls): (Teams of 5 or more members). Trophies to the fastest team in each division and to the team with the highest number of finishers. More info and the form are on our website.

NEW! Bring a "Flurry Friend" Drawing! Any prior Flurry racer who gets a new friend to enter the race will be entered for a drawing for a **\$50.00 gift certificate to The Crazy Loon!** No limits to the number of entries! More info and the form are on our website.



Registration Form - Make checks payable to "Flambeau Nordic Ski Club"

Mail Registration to Flambeau Nordic Ski Club, c/o The Crazy Loon, 125 North Lake Avenue, Phillips, WI 54555

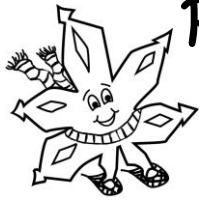
First Name: _____ Last Name _____ Gender (circle): Male Female
 Address: _____ City: _____ State: _____ Zip _____
 Phone: _____ Birthdate: ____/____/____ Age on Race Day: _____
 Email: _____ Race Distance (circle): 5k 10k
 T-shirt Options (circle): S M L XL XXL (For XXL, add \$2 & Preregister only) or NO SHIRT (Preregister only)
 Are you on a Team? No Yes - If yes: Team name or Team Captain: _____

⇒ **Reminder! Attach your "Bring a New Flurry Friend" drawing form, if you are eligible!** ⇐

WAIVER: I acknowledge reading the accompanying Liability Waiver form, that in summary says, I hereby release, discharge, and covenant not to sue the United States Snowshoe Association (USSSA), School District of Phillips, Flambeau Nordic Ski Club, Phillips Flurry Snowshoe Race, their respective administrators, directors, agents, officers, volunteers, employees, and other participants, any sponsors, advertisers, owners, and lesser of the premises of which this race takes place. Furthermore, I agree to allow my photo, video or film likeness to be used for any legitimate purpose. I also further certify that I am physically fit to participate in this event.

Signature of Participant (and Signature of Parent/Guardian if Participant is under age 18)

Date



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LIABILITY WAIVER:

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, leased, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, the following entities or persons: United States Snowshoe Association (USSSA), School District of Phillips, Flambeau Nordic Ski Club, Phillips Flurry Snowshoe Race, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers, USSSA sponsors; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/ or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand its content. PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.