



Full Moon Four Miler

Saturday, August 6, 2016

6:30 p.m. check-in and walk-in registration at St. Thomas Aquinas Parish School/ 8:30 p.m. race

\$20 early registration by June 8, 2016

\$25 registration June 9 — July 28 / \$30 registration July 29 — August 6, 2016

Runner's Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Team Name (optional): _____

Shirt Size Requested (shirts are guaranteed to the first 500 participants):

S M L XL XXL

Credit Card # _____ Expiration Date: _____

Name (as it appears on card): _____

V-Code _____ Billing Address & Zip Code _____

Signature _____

Checks payable to WACC. **Mail to:** 102 East Main Street,
Waterford, WI 53185

Online registration is available at www.active.com



RELEASE OF LIABILITY

In consideration of the foregoing, I, for myself and heirs, any representatives, waive and release any and all rights, claims and courses of action I have or may have against the Full Moon Four Miler (FMFM), Waterford Area Chamber of Commerce, Village of Waterford, St. Thomas Aquinas Parish School, Trail View Crossing Condominiums Owners Association, Inc., Waterford Land Investors 2, LLC and BBD Trail View Condos, LLC, Harbor Heights, LLC, Racine County, and any and all sponsors, their successors and representatives, that may arise as a result of my participation in FMFM and any pre and post event activities. I attest that I am physically fit and have sufficiently trained for the competition of this event and my physical condition has been verified by a licensed doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Runner's Signature _____ Date _____

(Parent or legal guardian signature required if runner is under 18)