

ROCK FOR RECOVERY



5k Run / 1 mile walk

Rock County Fair Grounds

October 4, 2017

5:45pm

Presented by the

Rock County Drug Court Program

Celebrating 10 Years of Working to Promote
Recovery and Change Lives

The Run/Walk will be followed by the Hope Over Heroin event from 6:30-8pm

Forms available online:  [Hope Over Heroin – Rock County](https://www.facebook.com/HopeOverHeroin-RockCounty) & jm4c.org/hope-over-heroin

PLEASE COMPLETE THE FOLLOWING REGISTRATION AND MAIL IT TO

Rock County Drug Court Office 303 W. Court St Janesville, WI 53548

CHECK PAYABLE TO: Rock County Treasurer's Office

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ Zip _____

DATE OF BIRTH mm/dd/yy ____/____/____

EMAIL (if requesting confirmation of registration) _____

SHIRT SIZE (CIRCLE ONE) YS YM YL / S M L XL 2X (+ \$2) 3X (+\$3)

ENTRY FEE: \$10.00 – includes t-shirt (if registration is received by 9/26/17)

This is an untimed event intended to raise awareness and unify the community in support of alcohol and drug recovery.

Day of Event: T-shirt pick up will begin at 5:15pm the Craig Center pavilion.

PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW

In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself and my heirs, executors, administrators waive and release all rights and claims and damages I may accrue against the person and organizations affiliated with the race including but not limited to Rock County, all sponsors, volunteers, staff, subcontractors, agents, attorneys for any and all injuries that I may suffer while participating in the event or en route to and from the event. I consent to the use of my image in photos, videos, and audio recording and film, of my participation in the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed M.D. during the last six months. As part of the waiver, I acknowledge that I have read and understand all of the above.

Signature (parent or guardian required if under 18) _____

Date _____