



# Rock For Recovery

Brought to you by the Substance Misuse Task Force of Rock County

<https://jm4c.org/partners/community/rock-for-recovery/>

**Wednesday, October 13th, 2021**

**5:30 - 8:00 pm**

**Craig Center at Rock County Fairgrounds**

**1301 Craig Avenue, Janesville**

• **Awareness Walk - 5:30 pm**

*See below to sign up!*

• **Resource Fair 5:30 & Local Guest Speakers - 7:00 pm**

*Focused on prevention, treatment, free Narcan training, recovery support and Second Chance Employment Fair*

• **Candlelight Vigil - 7:45 pm**



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TO PARTICIPATE IN THE WALK PLEASE COMPLETE THE FOLLOWING REGISTRATION & MAIL IT TO:

**Rock County Drug Court Office, PO Box 1649, Janesville, WI 53547**

**CHECK PAYABLE TO: Rock County Treasurer's Office**

**FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **Zip** \_\_\_\_\_

**DATE OF BIRTH** mm/dd/yy \_\_\_\_/\_\_\_\_/\_\_\_\_ **EMAIL** \_\_\_\_\_

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

**ENTRY FEE: \$10.00 – includes t-shirt (if registration is received by 10/4/21)**

*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 5:00pm the Craig Center pavilion.**

**Please Read and Sign below- Release and Waiver of Liability**

I understand that signing this Release and Waiver of Liability is a significant act with legal consequences. I am voluntarily signing this Release and Waiver of Liability in consideration for my choice to participate in this event. I further expressly agree that this Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me by the released parties in order to get me to sign this Release and Waiver of Liability.

**Signature** (parent or guardian required if under 18)

**Date** \_\_\_\_\_

Questions about the Awareness Walk? Contact Amanda Suarez (608) 247-4068