

# Deerfield Dash

Saturday, May 22, 2009 ~ 9:00 AM  
Fireman's Park ~ Deerfield, WI  
5K run/walk & 10K run

---

## How do I register?

1. Register online at: [www.Active.com](http://www.Active.com)  
Keyword: Deerfield Dash  
*or*
2. Fill out the form below and mail with check to:  
Deerfield Chamber of Commerce  
PO Box 4  
Deerfield, WI 53531  
*or*
3. Drop off completed form with check at Wild  
Company Realtors  
44 N. Main St, Deerfield

---

## Entry Fee

Pre-registration: \$25  
After May 17th: \$30

Make checks payable to:  
Deerfield Chamber of Commerce

More info and downloadable form at:  
[www.Deerfield-chamber.com](http://www.Deerfield-chamber.com)

---

Registration:	Which race are you entering?	5K	10K
Name :	_____		
First	Last		
Address:	_____		
Street	City/State/Zip		
Phone:	_____	Email:	_____
Sex: M F	Age on race day:	_____	
Shirt size?	Womens: S M L XL	Mens: S M L XL	No Shirt

WAIVER: I desire to participate in the Deerfield Dash in Deerfield WI, on May 22, 2010. In consideration of my participation in the Deerfield Dash 5k/10k run/walk on Saturday, May 22nd, 2010 in Deerfield WI, I hereby release The Deerfield Chamber of Commerce, the Deerfield Community Center, the Village and Township of Deerfield, its officers, employees and agents, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of course route and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained and strained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely choose to participate. I understand that the Deerfield Chamber of Commerce does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian  
(if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

