2014 WhistleStop Website Registration Form October 11, 2014



First	M.I L	ast	
Age on 10/11/14	4 Date of Birth	Are y	you a resident of Ashland /Bayfield County?
Event: Full	□ Half	·	Stops have you completed? (either race)
The Ultimate W	histleStop Finisher Jac		☐ Small ☐ Medium ☐ Large ☐ X-large ☐ XX-Large sizes are unisex & will not be guaranteed after 10/03/2014)
Address			
City		State	Zip
Work Phone		Home Ph	one
E-mail address_			
Full Marathon Half Marathon	\$85.00 if registered after \$94.00 if registered after	er 8/30/14 oetween 6/01/14-7/16/14 er 7/17/14-8/30/14	FREE Pasta Feed Ticket Complimentary Shuttle Service to Start Line
After Sen	Marathon registran	\$t for Ashland & Bayfi	rotal \$
Alter Sep			or email ashchamb@centurytel.net
		Waiver & Relea	se from Liability
condition. For, and and assignees do her Iron River, Chequan cies, subsidiaries, afi demands, liabilities, curred by reason of a involved in this even & Half-Marathon, I ical care as it is deen	in consideration of, my parti reby release and discharge the regon National Forest, Ashle filiates and beneficiaries joir loss damage or expenses or my participation in or my pro- tit and I am physically fit and require medical attention, I I	icipation in the WhistleStop ne Tri-County Corridor Con and County, Bayfield Coun ntly and severally and hold whatever kind and nature in eparation for any of the afo d sufficiently trained to part hereby give my consent to a prized personnel. The under	be a serious threat to health of individuals who are not in excellent physical of Marathon & Half Marathon, I myself, my executors, administration, heirs, numission, Town of Pilsen, Tri-Lakes Timbers Campground, Township of ty, City of Ashland, Ashland Chamber of Commerce and all sponsors, agenand waive harmless from and against any and all actions, claims, injuries, necluding, but not to limited to, attorney fees which at any time may be inresaid events. I attest and verify that I have full knowledge of the risks icipate. If however, as a result of my participation in WhistleStop Marathon authorized medical personnel of WhistleStop Marathon to provide such medrisigned grant full permission to any and all foregoing use to his/her likeness, without compensation.
SignatureDate			Date
Parent's Signature if under 18			
	51 1 1 1		. M. DOD 5444 11 1 W 54004

Please make check payable & mail to: WhistleStop Marathon P O Box 746 Ashland, WI 54806