



NAANDWECHIGE-GAMIG
Wikwemikong Health Centre

Wiikwemkoong 48th Annual 10KM Road Race Registration Form

Running Division

Walking Division

10km 5km

10km 5km

Name: _____

Address: _____

Age as of October 18, 2020: _____ Male Female

Email: _____

Phone: _____

Waiver

As part of my entry into the Wiikwemkoong 48th Annual 10KM Road Race, I hereby waive and release any and all rights to claims for damages or injury, that I may sustain while taking part in this event, that I may have against the sponsor organizations, its officers and volunteers, prize sponsors, the Wiikwemkoong Unceded Territory (WUT), directors and staff and any representatives, successors and assigns of these.

By submitting this entry, I am also consenting to having my image used in any future WUT/WHC promotional materials.

I hereby acknowledge, having read this release and waiver, I understand and accept the terms.

Participant Signature _____ Date: _____

If under 18, signature of parent or guardian:

_____ Date: _____



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Categories

8 yrs. And under	19 – 25 yrs.	45 – 50 yrs.
9 – 10 yrs.	26 – 30 yrs.	51 – 55 yrs.
11 – 12 yrs.	31 – 35 yrs.	56 – 60 yrs.
13 – 15 yrs.	36 – 40 yrs.	61 – 65 yrs.
16 – 18 yrs.	41 – 45 yrs.	66+ yrs.

For office use only

Payment Received	\$5.00(youth)	\$10.00(adult)
Staff Signature:		
Date:		