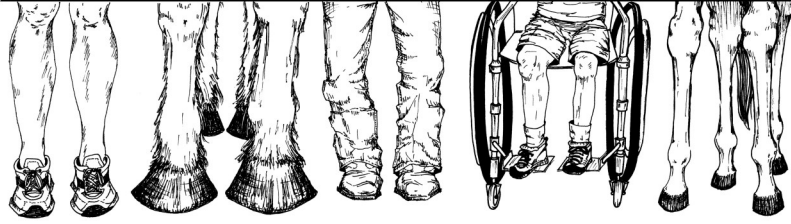


Miles For SMILES



2020 Individual Registration Form 5K / Trick-or-Treat Trail Saturday, October 24, 2020

Name _____

Address _____

City, State, Zip _____

E-mail _____ Phone _____

Are you a "Sponsor Team" Participant? Y / N
If so, which Team? _____

Race Entry Fee:

Early Registration By October 1st to guarantee t-shirt sizes: **Minimum Pledges \$40** (see pledge prizes)

On-site registration available. Children 10 and under free accompanied by a participating adult

Shirt Size: **T-Shirts and requested sizes guaranteed to early registration, by October 1st

Adult

S M L XL XXL - (circle one)

Additional T-shirts \$15 each (enter size(s)) _____

Total Payment: \$ _____

Type: Credit Card (Call Office) _____ Check _____ Cash _____

Mail pledges and form to: SMILES, N2666 County Road K, Darien, WI 53114

****Due to the Covid-19 pandemic all activities are planned for outside or in the barn. If changes occur they will be announced.****

WAIVER

Release of Legal Rights: It has always been the policy of SMILES that there will be NO REFUNDS FOR PARTICIPANT CANCELLATIONS. This policy has not changed. Refunds of any kind will ONLY be issued if there is an event cancellation due to COVID-19. If you choose to participate in the Miles For SMILES you are agreeing to hold SMILES (Special Methods in Learning Equine Skills, Inc.) NOT LIABLE should you, your family member or any other party contract COVID-19. You are participating at your own risk. In consideration of accepting entry in the Miles for SMILES Walk Run occurring October 24, 2020, I, the undersign, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage, claims and demands I may have against Special Methods In Learning Equine Skills, all race officials, any and all workers, volunteers, sponsors, medical aides, and other personnel involved in said event. I verify that I will participate in the event as a 5K walk, run or adaptive participant and have knowledge of the specific risks involved in events such as these. I am physically fit and sufficiently trained to participate in this event and agree to exercise due care and calculation for my safety and the safety of others during said events. Further, I hereby grant full permission to any and all of the foregoing to use my name, likeness and voice as well as any photos, videotapes, motion pictures, recording and any other record of this event in which I may appear for legitimate purpose including television broadcast of the event, reuse in any media and in the advertising and promotion for such broadcast and reuse. All participants must sign below but if under 18 a Parent/Guardian must sign.

PARTICIPANT RELEASE: DATE: _____

Participant Signature: _____

Emergency Contact Info: _____

Sponsored By:



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seasoning your life



www.smilestherapeuticriding.org
events@smilestherapeuticriding.org
262-882-3470

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Walworth County

