

VNU RUN WALK & ROLL

Virtual Race

Name _____
First Middle Initial Last

Address _____

Email _____

Phone _____

How did you hear about this event? _____

Age: (on race day) _____ ☐ Male ☐ Female

Event Entering: ☐ 5K ☐ 10K ☐ 1 mi. walk/roll

I will not be participating in an event,
but I would like a shirt (shirt only - \$25 check box & select) ☐

Shirt Size: (circle one) S M L XL 2XL 3XL 4XL
Youth Size: S M L

Cost: \$25

Team name: _____

VNU staff I am participating on behalf of: _____

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against individuals associated with this event, its agents, representatives, successors, and assigns for all injuries suffered by me in said event. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and have trained to participate in this event. I also agree to permit the use of photos taken at the event for publicity purposes.

Date _____ Signature _____

Send payment and completed entry form to
Brenna Bomgaars
330 Village Circle,
Sheldon, IA 51201

You can also register online at:
villagenorthwest.org OR allsportcentral.com

