Feel a surge of HOPE when able-bodied & disabled athletes demonstrate the unlimited POSSIBILITY that exists in us all. 5K

Sunday, July 26, 2009 5K: 1 PM Registration: 11 AM

Capitol Mile Walk: Noon

Madison Capitol Square

5K Course Description: Start Line corner of State Street and E. Mifflin Street. 5K course will be 5 beautiful laps around the Capitol Square.

Registration Form

By Mail: Please return completed form with payment to:

Achilles Hope & Possibility Madison
c/o Dawn Ziegler 7010 Farmington Way,
Madison, WI 53717

Online: www.active.com

Race Fees

On or before July 19th:
General: $20
Child 12 & Under: $10

After July 19th:
General: $23
Child 12 & Under: $13

Runners registered by July 19th are guaranteed a Hope & Possibility T-shirt

Last Name First Name Gender T-shirt size S-M-L-XL-XXL (*please circle one*)

Mailing Address City State Zip Code

Race Day Age Birthdate Daytime Phone e-mail address

Please check the races you'll be doing:

❑ 5K ❑ Capitol Mile

**add additional $10 for Capitol Mile Race*

Athletes with Disabilities:

❑ A.K.A. ❑ B.K.A. ❑ Double Amputee ❑ Ambulatory Disabled ❑ Visually Impaired
❑ Handcrank ❑ Pushrim Wheelchair ❑ Other _____

Please stay for the annual Capitol Mile, one-mile footrace around the beautiful Wisconsin State Capitol.
First race starts at 3pm, for more race information go to: http://witrackclub.org/events/capmile.htm

Waiver and Release

IMPORTANT NOTE: This General/Adult Application Form is to be completed and signed by ALL participants.

I know that participating in the Achilles Hope & Possibility 5K Run/Walk (the "Event") is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Event. I am voluntarily entering and assume all risks associated with participating in the Event, including, but not limited to, falls, contact with vehicles, other participants, spectators or others, the effect of weather, including high heat, extreme cold and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I grant to the Medical Director of this Event and his designee access to my medical records and physicians, as well as other information relating to my medical care that may be administered to me as a result of participation in this Event.

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I waive and release the Achilles Track Club, Inc., Achilles Kids Program, Fleet Feet Sports, Blue Plate Catering, and all Sponsors of the Event, and the officers, directors, employees, volunteers and other representatives of each of the foregoing, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this Event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver. I grant permission to all the foregoing to use or authorize others to use photographs, motion pictures, recordings, or any other record of my participation in the Event for any legitimate purpose without remuneration.

Where this Waiver is signed by a parent on behalf of his/her child, the term "I," "me" and "my" refers to the child and/or such parent, as appropriate to give full effect to the Waiver.

Signature (if under 18, signature of parent or guardian is required) Date

With Special Thanks to:

Achilles INTERNATIONAL

FLEET FEET Sports MADISON

BLUE PLATE Catering

WTC