



DEPARTMENT OF VETERANS AFFAIRS
Clement J. Zablocki VA Medical Center
5000 W. National Avenue
Milwaukee, WI 53295



***5K FUN RUN/WALK/ROLL
REGISTRATION***

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ AGE: _____

Please circle if you are a: VETERAN VA EMPLOYEE

WAIVER AND RELEASE OF LIABILITY

I am 18 years of age or older and in consideration of being allowed to participate in the above-named, I, the undersigned, certify that:

- I have read and agree to the 5K rules and regulations.
- I understand that participation in the VA Beats and Eats Fun Run, Walk and Roll is completely voluntary.
- I am in good physical condition and am able to safely participate in this event. I acknowledge the risk inherent in any kind of strenuous physical activity such as anticipated in this event and I personally assume all risks incident to my participation in this event.
- I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe any unusual significant hazard during my participation, I will remove myself and bring such to the attention of the nearest VA employee or official immediately

Signature: _____

Emergency contact name _____

Emergency contact phone number: _____

Date signed: _____

Please contact stacy.olson2@va.gov with any questions.