



10-MILE RUN & 2-Mile Run/Walk “Mail-In” Registration Form

Sunday, April 28, 2024 Two Rivers High School 8:00 A.M. Start

Please make check payable to: Two Rivers 10-Mile and mail completed form and check to:
Two Rivers 10-Mile & 2-Mile, Attn: Scott Jansky (Race Director), 2504 Pine Tree Drive, Two Rivers, WI, 54241

10-Mile Run Fee: \$33.00 prior to March. 1st \$38.00 March 1st to April 20th \$45.00 Race Weekend

2-Mile Run/Walk Fee: \$17.00 prior to March 1st \$20.00 March 1st to April 20th \$25.00 Race Weekend
(\$15.00 Student Discount Rate (18 and under) thru October 12th and \$18.00 Race Weekend)

EVENT: Two Rivers 10-Mile Run _____ Two Rivers 2-Mile Run/Walk _____

NAME (first, last) _____

Birthdate ____/____/____ Age on Race Day _____ Male _____ Female _____

Email Address _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

Please select gender specific shirt:

T-Shirt Size (Women's): _____ S _____ M _____ L

T-Shirt Size (Men's): _____ S _____ M _____ L _____ XL _____ XXL (Add \$2.00)

In consideration of the acceptance of my entry in the Aurora Health Care Two Rivers 10-Mile Run and 2-Mile Run/Walk, I hereby absolve and hold harmless the Two Rivers Public School District, City of Two Rivers, County of Manitowoc, Two Rivers Township, Wisconsin Department of Transportation, race organizers, race sponsors, and all persons connected with the race from any liability or injury incurred by me while participating in the Aurora Health Care Two Rivers 10-Mile Run or 2-Mile Run/Walk events. I further provide that this harmless agreement applies to my heirs, executors, and assignees. I am physically fit to participate in this event. I also hereby grant permission to use my name, photographs, videotapes, and motion pictures in connection with this event for any purpose.

Signature _____ Date _____

If under 18, Parent or Guardian Signature

Tworivers10mile.com

Thank you for choosing to run our event!