

Shamrock Shuffle 2025 Registration

Racer #1 Name _____ Phone _____

Email _____ T-Shirt Size ___ S ___ M ___ L ___ XL ___ XXL ___

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Email _____ T-Shirt Size ___ S ___ M ___ L ___ XL ___ XXL ___

Consent and liability waiver: I hereby absolve and hold harmless Anchor Bay, CCDC UpRiver LLC., volunteers, workers, and all sponsors from any liability for injuries incurred by me while participating in the Shamrock Shuffle Run/Walk. I further assume full responsibility for my physical fitness and capability to perform under the normal conditions of these races. I further provide that this consent and waiver applies to heirs, executors or assignees. Parents must Accept waiver on behalf of minors.

Racer 1 Signature	Date	Racer 2 Signature	Date
Racer3 Signature	Date	Racer 4 Signature	Date

of Racers _____ X \$30.00 = \$ _____ Total Payment ----- Thank you!

Please return this form to Anchor Bay or mail to:

Anchor Bay

PO Box 159

Wisconsin Rapids, 54495

Make Checks Payable to: **Anchor Bay**

****Checks must be RECEIVED by 3/1/2025 to be guaranteed a Tshirt *****