

**Raider Nation "Raider Dash" - 100 yard dash for ages 2-7**  
**Sunday, September 15, 2024 @ 11:00 a.m.**  
**@ Kiel High School (KHS), Kiel, Wisconsin 53042**

\*On-line registration encouraged & available at: [kieltriathlon.weebly.com](http://kieltriathlon.weebly.com) through 9/13/2024.

\*Printed & completed paper registration forms may be mailed. See registration form.

\*All participants must have a signed waiver form to participate.

**Race Course & Parking:** Race will take place on the KHS football field / track. Parking is available in the KHS North lot. Parking will not be permitted on Raider Heights along the south side of the school (1 st Street to 4 th Street) as this is part of the triathlon race course.

**Awards:** Finisher award only for the Raider Dash.

All participants must complete the registration (online or paper) and waiver forms. For more race information, e-mail [raidernationevents@gmail.com](mailto:raidernationevents@gmail.com).

Athlete Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age on race date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail: \_\_\_\_\_

**WAIVER**

Participating in the Raider Dash is a potentially hazardous activity, & I will not participate in this event unless I am medically able to do so & am properly trained. I shall examine and assume all risks associated with participation in this event, including but not limited to falls, contact with other participants, and effect of weather, traffic and conditions of the road. I fully assume all risk of illness, injury, or death & release & discharge the Kiel Booster Club, Kiel High School, volunteers, all event sponsors, promoters & their staffs from all of my liabilities, actions, claims, demands for damages arising out of my participation in the Raider Dash. The foregoing release shall be binding upon me personally, as well as upon my heirs, executors and administrators, & all members of my family.

I authorize use of photos wherein I appear, for event publicity.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact & phone #: \_\_\_\_\_