

# HHS HALLOWEEN HUSTLE

Drop in for a  
frighteningly  
good time!

Join us on Saturday,  
October 29<sup>th</sup> at 9:00 for a  
5K fun run/walk!

- ❖ Fun for the whole family!
- ❖ Food! Raffles! Medals!
- ❖ Costumes highly encouraged! Costume contest for individuals, groups and pets!
- ❖ Registrations received before October 19<sup>th</sup> - \$20 for everyone 11 and older, \$10 for kids aged 5 to 10, and kids under 5 are free. Day of registration is \$30 per person. Or \$5 a person to enjoy just the pancake breakfast and fun atmosphere.
- ❖ There will be a special 1/4 mile kids run for the kids 10 and under!

Events will take place in the parking lot of the Health and Human Services Center located at W4051 County Road NN in Elkhorn (next to Aurora Lakeland Medical Center). Registration starts at 8:00 a.m., kids race at 8:30 a.m. and the 5K run/walk will be at 9:00 a.m. All proceeds from this event will support the Holiday Care Program that helps eligible Walworth County families and individuals with food and gifts for children during the holidays.

For a registration form or more information contact HHS at (262) 741-3200 or email at [walcohhs@co.walworth.wi.us](mailto:walcohhs@co.walworth.wi.us).



**5K Participants: One registration form per person**

Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Will you be over 18 years of age on 10/29/16?  Yes  No

Please check one:

Breakfast only      \$5 per person over age 5 x \_\_\_\_\_ = \_\_\_\_\_ Total

\$10 Pre-registration (postmarked by Wednesday, October 19) includes breakfast ticket kids ages 5 to 10

\$20 Pre-registration (postmarked by Wednesday, October 19) includes breakfast ticket, age 11 or older

\$30 Registrations received up to the start of the event includes breakfast ticket

Please make checks payable to Holiday Care. We cannot accept debit or credit cards.

Mail entry form to:  
Walworth County Health and Human Services (WCHHS)  
Attn: Halloween Hustle  
PO Box 1005  
Elkhorn WI 53121

Call 262-741-3200 or email [walcohhs@co.walworth.wi.us](mailto:walcohhs@co.walworth.wi.us) with any questions.

The Halloween Hustle Waiver: I know that running and/or walking a race is a potentially hazardous activity. I should not enter unless I am medical-ly able and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the race area, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry to participate in the Halloween Hustle (herein after the "Event") to be held on October 29, 2016 in Elkhorn, Wisconsin, I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators agree as follows: I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of my participation in the Event against persons, entities and agencies involved with promoting and holding the Event, including but not limited to Walworth County, all sponsors, volunteers and vendors of the event, their agents, successors, representatives and assigns even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I assume the risk of all bodily injuries, including death, resulting there from, and personal injuries to me and damage to and loss of my property, including loss of use thereof and any other indirect or consequential damages, resulting directly or indirectly, wholly or in part, from my participation in the Event and while traveling to and from the Event. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend, and hold the entities named above harmless from and against any and all claims, liabilities, losses and damages, costs ex (including attorney's fees) judgements and penalties arising out of any of my, and/or said minors, acts, or omissions to act: I understand that the event reserves the right to use any and all participant's names and/or likeness with regard to promotional and/or advertising materials. I understand that all entry fees are non-refundable.

\_\_\_\_\_  
Print and Sign – Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print and Sign – Parent of Participant under the age of 18

\_\_\_\_\_  
Date

**HHS  
HALLOWEEN  
HUSTLE**

