

The
SHERMAN
S N O W S H O E

Shuffle

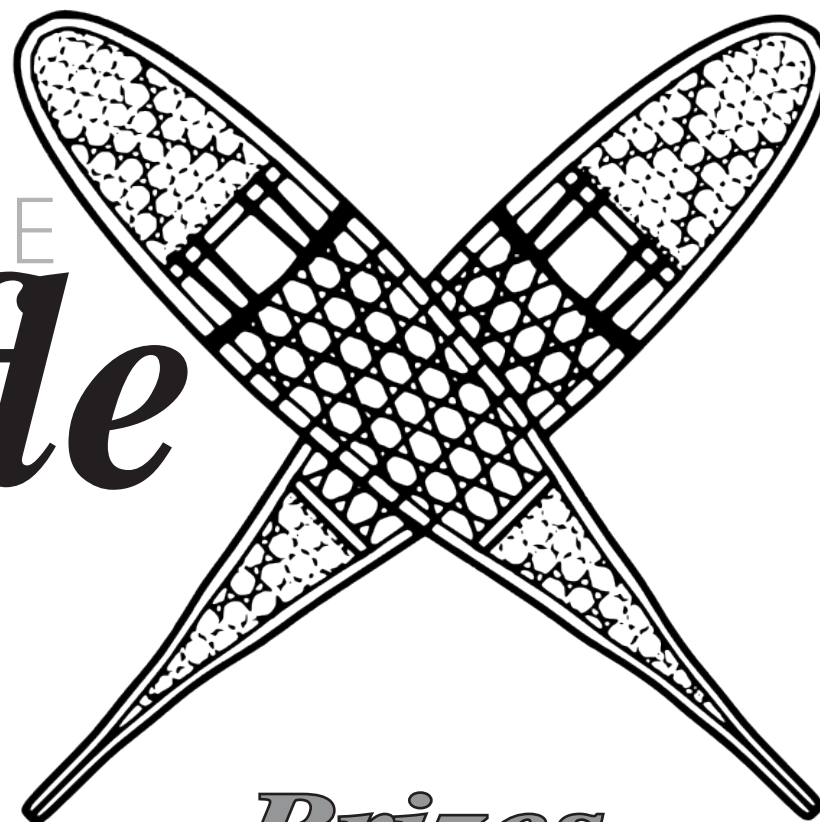
S a t u r d a y

February 8, 2020

10:00 a.m.

Meet at Sherman Town Hall, Highway 182 (Springstead)

Bring your snowshoes (or borrow a pair from us*) and join us for a fun day of shuffling through the great north woods. Go at your own pace. Trail is approximately 5K. Unofficial times will be available.



Prizes

to be given away during after-party at Sherman Town Hall including SnowShoes, Walking Sticks, Artwork, Gift Baskets and more!!!

Lunch

to be served immediately following with Chili and fixings for free will donation.

Early registraion - \$20. Day of event - \$25. Donations welcome!

Contact Tracy at tracymurrin@gmail.com or 715-583-4477.

*You must pre-register if you wish to borrow a pair of snowshoes.

All proceeds to benefit Sherman EMR - First Responders. Check it out online at townofsherman.net!

The Sherman Snowshoe Shuffle

Saturday, February 8, 2020

Starts at the Town of Sherman Town Hall

3063W Highway 182, Springstead, WI

Registration: 9:00 to 9:45 a.m.

Shuffle begins at 10:00 a.m.

Registration Information

\$20 in advance (\$25 on-site)

All proceeds to benefit Sherman EMR-First Responders

Entry Form

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Gender: M F Age _____

Emergency Contact _____ Phone _____

Participant Signature _____ Date _____

Parent or Guardian (if under 18) _____ Date _____

Please return completed form to Tracy Murrin by mail at – 1610 Double EE Rd., Park Falls, WI, 54552 or email to tracylmurrin@gmail.com. Make checks payable to: Town of Sherman First Responders, Inc.

The Sherman Snowshoe Shuffle

Saturday February 8, 2020

Acknowledgment of risks, acceptance of responsibility and indemnity agreement

Notice

Participants participating in 5K snowshoe shuffle must recognize that there is an inherent risk of injury when choosing to participate in such activities. Participants are solely responsible for determining if they are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Name of Participant _____ Age _____

Address _____

Phone _____ Emergency Phone _____

In consideration of the agreement of the Town of Sherman First Responders, Inc. (located in the Town of Sherman, County of Iron, State of Wisconsin) to be named as a sponsor and act as financial agent for the "The Sherman Snowshoe Shuffle" activities in which I intend to participate, and in consideration of the assistance and efforts of other event volunteers in organizing and conducting the "The Sherman Snowshoe Shuffle" event, which is to take place in the Town of Sherman, County of Iron, State of Wisconsin, on **February 8, 2020**, the above-named individual, being at least 18 years of age, or that individual's parent or guardian, hereby acknowledge, agree, promise, and covenant with the Town of Sherman First Responders, Inc., and all officers, employees, members, representatives and assigns of said group, and all persons in any way associated with, working for, volunteering for, participating in, or sponsoring, that certain event known as the "**The Sherman Snowshoe Shuffle February 8, 2020**" on behalf of myself, my heirs, assigns, personal representative and estate, as follows:

1. ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that the activities in which I am about to engage, to-wit: a 5 K (3.2mile) snowshoe on a marked trail,, bear certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental impairment, or damage to myself, to my property, or to the persons or property of spectators or other third parties. I understand that those risks may result in personal injury or death to me, or claims against me by spectators or other third parties. I acknowledge and understand any and all risks, known and unanticipated, which could or will arise out of my participation in this snowshoe event referenced herein, and any and all activities in which I engage pursuant to my participation in that event known as the "**The Sherman Snowshoe Shuffle 2020**" in the Town of Sherman, County of Iron, State of Wisconsin, on **February 8, 2020**.

2. ACCEPTANCE OF RESPONSIBILITY

Being aware that snowshoe activities give rise to risks of injury to those who participate in the those activities, as well as risks of injury to spectators and other third parties, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to my or to my property, arising, directly or indirectly, from my participation in the Snowshoe Shuffle referenced herein. I further expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to spectators and/or other third-parties and/or their property, arising, directly or indirectly, from my participation in the event referenced herein, including any and all associated activities.

3. INDEMNITY AGREEMENT

In consideration of the agreement of the Town of Sherman First Responders, Inc. of Sherman, County of Iron, State of Wisconsin) to be named as a sponsor and act as financial agent for the "The Sherman Snowshoe Shuffle" in which I intend to participate, and in consideration of the assistance and efforts of event volunteers in organizing and conducting "The Sherman Snowshoe Shuffle" event, which is to take place in the Town of Sherman, County of Iron, State of Wisconsin, on **February 8, 2020**, I hereby agree to indemnify and hold harmless the Town of Sherman First Responders, Inc., and all officers, employees, members, representatives and assigns of said group, and all persons in any way associated with, working for, volunteering for, participating in, or sponsoring, that certain event known as " The Sherman Snowshoe Shuffle", on behalf of myself, my heirs, assigns, personal representative and estate, from any and all liability and damages which may arise from accident or incident which may occur, directly or indirectly, as a result of my participation in The Snow Shoe Shuffle and associated activities reference herein. I further agree to indemnify and hold harmless the Town of Sherman First Responders, Inc., and all officers, employees, members, representatives and assigns of said group, and all persons in any way associated with, working for, volunteering for, participating in, or sponsoring, that certain event known as the "The Sherman Snowshoe Shuffle," on behalf of myself, my heirs, assigns, personal representative and estate, from any and all liability, loss or damage that I or the Town of Sherman First Responders, Inc., or any officer, employee, member, representative or assign of said group, or any person or persons in any way associated with, working for, volunteering for, participating in, or sponsoring, that certain event known as "The Sherman Snowshoe Shuffle," may suffer as a result of claims, demands, costs, including attorney's fees or judgments, or other action against them by reason of personal injury or death to any person or persons, or any property damage, resulting, directly or indirectly, from my participation in the snow shoe event referenced herein.

Participant /Parent or Guardian Signature if under 18 _____

_____ Date

Please return completed form to Tracy Murrin by mail at - 1610 Double EE Rd Park Falls WI 54552 or email to tracymurrin@gmail.com Make checks payable to: Town of Sherman First Responders, Inc.