



# WILLAMETTE VALLEY FAMILY 5K WALK

July 19, 2008 10:30 am – 1:00 pm (Sliding Start)

Course: Willamette River Bikeway

Cost is \$5.00 per family member (Children 2 and under are free), maximum fee is \$40.00.

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|--|--|
| <input type="checkbox"/> 2 Family Members >> \$10.00 | <input type="checkbox"/> 6 Family Members >> \$30.00         |
| <input type="checkbox"/> 3 Family Members >> \$15.00 | <input type="checkbox"/> 7 Family Members >> \$35.00         |
| <input type="checkbox"/> 4 Family Members >> \$20.00 | <input type="checkbox"/> 8 or more Family Members >> \$40.00 |
| <input type="checkbox"/> 5 Family Members >> \$25.00 |  |

Enclosed \$ \_\_\_\_\_

Note: Registration is non-refundable - (Checks payable to Wonders of Walking LLC)

NAME OF FAMILY "CAPTAIN" (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #2 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #3 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #4 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #5 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #6 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #7 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

FAMILY MEMBER #8 (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F

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Mail entries to: 610 SW Broadway, Suite 602, Portland, OR 97205

\*\*\* Children under the age of 14 must be accompanied by an adult guardian. \*\*\*

\*\*\* All Family Members must sign the Waiver below along with a parent/guardian if under age 18! \*\*\*

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Waiver and release: I know that participating in a walking event includes an element of risk and could be a potentially dangerous and hazardous activity. I should not enter or participate in the Willamette Valley 10K (hereafter called "Event") on July 21, 2007 unless I am medically able and properly trained. I agree to abide by any and all decisions of a race official concerning my being allowed to participate in or compete in this event. I agree that event officials may authorize necessary emergency treatment for me, and that I will assume and pay for my own medical and emergency expenses in the event of an accident, illness or other incapacity. I further assume any and all risks associated with participating in this event, including, without limitation, falls, contact with other participants, the effects of weather, including high heat and/or humidity, all such risks being known and appreciated by me. I agree to abide by the event rules and to follow any and all instructions given by an event official.

Having read this waiver and knowing the facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, successors and assigns, covenant not to sue, and waive release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the following: Wonders of Walking, LLC, the Willamette Valley Relay, the City of Eugene, Oregon department of Parks and Recreation, all designated charities and all sponsors, and their respective directors, officers and successors, employees, volunteers, agents and assignees, from all claims or liabilities of any kind arising out of my participating in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver, and grant permission to them to use photographs, motion pictures, recordings, or other depiction of this event for any legitimate purpose.

**Signature #1 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #2 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #3 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #4 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #5 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #6 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #7 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature #8 (with Parent/guardian if under 18):** \_\_\_\_\_ **Date** \_\_\_\_\_