

Run/Walk for the White Oak Savanna

Printable Entry Form

Print, sign and mail to us with check or money order. Please complete entire form. Please print neatly and clearly.

Location: Rosemont Ridge Middle School Track, 20001 Salamo Road, West Linn, OR 97068

Date/Time of Event: April 7, 2012, Festivities begin at 8:30 AM; Run starts at 9 AM; Walk starts at 10 AM

Circle One: 5K Run or 1 Mile Walk

First name: _____ Middle Initial: _____

Last Name: _____

Gender: F M Phone: _____

Birthdate: ____/____/____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

All participants will receive a reusable cloth runner's bag with great goodies inside.

Fees: \$25.00

Please Mail Check and this completed form (by 4/1/12) to:

NLWL, 2206 Tannler Drive, West Linn, OR 97068

or bring this form and your check to the event on 4/7/12

We cannot process mail in registrations if they are mailed after this date.

WAIVER AND RELEASE MUST BE READ, SIGNED AND MAILED WITH ENTRY

In consideration of the acceptance of my entry, I, intending to be legally bound, due hereby, for myself and my heirs, executors, and administrators, waive and release any and all rights and claims for damages and cases of suit or action, known or unknown that I have against Neighbors for a Livable West Linn, the City of West Linn and all participating race sponsors, directors, officers, employees, volunteers and agents for any and all injuries resulting from my participation in the Run/Walk for the White Oak Savanna. I attest that I am physically fit and have sufficiently trained for this event, my physical condition was verified by a licensed M.D. I attest and verify that I have full knowledge of the risks involved in a run/walk and that I assume all expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. ENTRY FEES ARE NON-REFUNDABLE. I agree to have my picture taken and that it may be used for event promotion.

THIS IS AN IMPORTANT LEGAL DOCUMENT READ IT CAREFULLY BEFORE SIGNING

Signature of Applicant/Parent or Guardian – acceptance of waiver

Date