



Willamette Valley 30K Walk n' Relay

July 18, 2009 >> Eugene, OR

Mail In Registration Form – Registration is also available online at http://www.wondersofwalking.com/event_wv30k.php#registration
There are no refunds, exchanges, transfers or rollovers on any race entry.

Division: Competitive Non competitive "Walk Our Way"

Event: Solo 10K Walk Solo 10K Run Solo 30K Walk 2-3 person team 30K 4-6 person team 30K Family 5K

If you are registering with a team: I am a team captain I am not a team captain

My team's name is _____

WV 30K T-shirt: S M L XL XXL XXXL (\$3.00 extra for XXXL)

**We cannot guarantee t-shirt requests for registrations received after 6/24/2009.*

NAME (please print) _____

Address _____

City _____ **State** _____ **Zip** _____

Email address _____

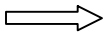
Phone _____

M **F** **Date of birth** (M/D/Y) _____ **Age** (day of walk) _____ **Speed** (Estimated minutes per mile) _____ :

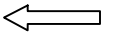
Registration Fees (There are no refunds, exchanges, transfers or rollovers on any race entry.)

	Postmarked by April 30, 2009	May 1, 2009 – July 18, 2009	T-shirt
10K	\$22.00	\$27.00	Not included, purchase a WV 10K shirt for \$15.00 each
30K Solo	\$50.00	\$65.00	Included
2-3 person team 30K	\$150.00	\$200.00	Included
4-6 person team 30K	\$250.00	\$300.00	Included
Family 5K	\$5.00 per family member over 10 years old	\$5.00 per family member over 10 years old	Not included, purchase a WV 30K shirt for \$15.00 each

Enclosed \$ _____ (Please make checks payable to Wonders of Walking LLC - Registration is non-refundable)



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



Read and Sign Waiver – Required, incomplete forms will be returned: I know that participating in a walking event is a potentially hazardous activity and that I should not enter or participate in a walking event unless I am medically able and properly trained. I agree to abide by any decision of a race official concerning my being allowed to participate in or complete this event. I assume all risks associated with participating in this event, including, without limitation, falls, contact with other participants, the effects of weather, including high heat, humidity, the conditions of course, the condition of the road, streets and traffic on the course, all such risks being known and appreciated by me. In consideration of my accepting my entry, and having read this waiver and knowing these facts, I, for myself and anyone enlisted to act on my behalf, waive and release Wonders of Walking, LLC, the Willamette Valley Relay, the State of Oregon, the Oregon Department of Transportation, all counties, towns and communities, incorporated and unincorporated, along the course, 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. I consent and agree to any and all medical treatment the event coordinators and/or their agents may provide on my behalf in the event I am incapacitated and/or in anyway unable to arrange or consent to my own medical care at the time of illness or injury. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay for my own medical and emergency expenses in the event of an accident, illness or other incapacity, and that I am physically able and sufficiently trained to participate in this event.

Signature _____ **Date** _____

Signature (with parent/guardian if under 18) _____ **Date** _____