



Willamette Valley 30K Relay 2008 OFFICIAL ENTRY FORM

Team #:

TEAM INFORMATION (Please Print!)

Team Name (If applicable):
Team Captain Name (Last/First):

Team Captains Complete Below This Line Only

Entry Fees (check one):	<input type="checkbox"/> SOLO Registration \$50.00 <input type="checkbox"/> LATE SOLO Registration add \$15.00	<input type="checkbox"/> TEAM (2-3 members) \$150.00 <input type="checkbox"/> TEAM (4-6 members) \$250.00 <input type="checkbox"/> LATE TEAM Registration add \$50.00
TOTAL ENCLOSED: \$ _____ (Registrations postmarked after 6/15/2008 are subject to LATE fees)		
Send non-refundable check (payable to Wonders of Walking, LLC) and this form to: 610 SW Broadway, Suite 602, Portland, OR 97205		

SOLO CATEGORY (Check one box only): Solo: <input type="checkbox"/> Men Open <input type="checkbox"/> Women Open <input type="checkbox"/> Men Masters <input type="checkbox"/> Women Masters	<ul style="list-style-type: none"> Open: At least one team member (or solo participant) must be under 40 years old. Masters: All team members (or solo participant) 40 (or better) as of the day of the event. Women/Men: Women's teams shall consist of all females; men's teams, all males. Mixed: Team shall contain at least half women, rounded down to the next whole number (i.e. a team of five must include two women). WOW: Team of up to 6 participants allowed to vary rotation of team members. WOW teams will not be eligible for any of the award categories as listed. Volunteers: Each team (with team members residing within a 50-mile radius of the course) is required to provide TWO volunteers. How Did You Hear About the Relay? _____
TEAM CATEGORY (Check one box only): Men: <input type="checkbox"/> Open <input type="checkbox"/> Masters Women: <input type="checkbox"/> Open <input type="checkbox"/> Masters Mixed: <input type="checkbox"/> Open <input type="checkbox"/> Masters Walk Our Way: <input type="checkbox"/> Open <input type="checkbox"/> Masters	

SOLO PARTICIPANT / TEAM MEMBER INFORMATION

(Team Captains: Please have each team member PRINT complete information below and sign waiver.)

Name (Last/First):				
Mailing Address:		City:	State:	Zip:
Country:	Birthdate (M/D/Y):	Age (on Race Day):	Sex:	Speed (Minutes per Mile): ____ : ____
T-Shirt Size (circle): S M L XL XXL		Daytime Phone: ____ - ____ - ____	Evening Phone: ____ - ____ - ____	
E-Mail Address:				

(For Substitutions Only) Team Member Replaced (include \$10 fee for substitutions after July 1, 2008):

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 your 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.

Participant Signature:	Date:	Parent or Legal Guardian Signature (if participant is a minor):
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