



Willamette Valley Half Relay 2008

OFFICIAL ENTRY FORM

Team #:

Start Location: Scio, OR

TEAM INFORMATION (Please Print!)

Team Name:
Sponsor Name (if applicable):
Team Captain Name (Last/First):

Team Captains Complete Below This Line Only

<p style="text-align: center;">Entry Fee: \$500.00 (Your team's \$300.00 deposit MUST be postmarked by 12/1/07)</p> <p> <input type="checkbox"/> Additional Charity Donation: \$ _____ <input type="checkbox"/> Extra Finisher Medals (\$5 each): # _____ <input type="checkbox"/> Extra T-Shirts (\$12 each): Size(s) _____ Quantity _____ </p> <p style="text-align: center;">TOTAL ENCLOSED: \$ _____</p> <p style="text-align: center; color: red;">Send non-refundable check (payable to Wonders of Walking) and this form to: 610 SW Broadway, # 602, Portland, OR 97205</p>
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<p>TEAM CATEGORY (Check one box only):</p> <p><input type="checkbox"/> Men: Team of 4 (minimum) to 12 (maximum) participants of any age, all male.</p> <p><input type="checkbox"/> Women: Team of 4 (minimum) to 12 (maximum) participants of any age, all female.</p> <p><input type="checkbox"/> Mixed: Team of 4 (minimum) to 12 (maximum) participants of any age – at least half must be women, rounded down to the next whole number (i.e. a team of nine must include 4 women).</p> <p><input type="checkbox"/> WOW: Team of 4 (minimum) to 12 (maximum) participants allowed to vary rotation of team members per van. All other participant rules must be followed. WOW teams will not be eligible for award category as mentioned above. Team members will be eligible for raffle drawings.</p>	<ul style="list-style-type: none"> Volunteers: Each team (with team members residing within a 65-mile radius of the entire course – not just Portland) is required to provide THREE volunteers. How Did You Hear About the Relay? _____ <p style="color: red;">We need your help to continue! We need 50 WVR teams to register by 12/1/2007. If we receive 50 teams, WVR / Half Relay 2008 is a go! ***</p> <p style="color: red;">DISCOUNT OPPORTUNITY! Teams registering in full before 12/1/2007 will receive a \$50 discount to equal a team fee of \$450.00!</p>
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	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 (Month/Day/Year):	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 between May 15-July 1, 2008 and \$20 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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*****The minimum number of teams is 50: All registration fees will be returned in full if we do not receive 50 team registrations by 12/1/2007.**