



Willamette Valley Relay 2007 OFFICIAL ENTRY FORM

Team #:

TEAM INFORMATION (Please Print!)

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

Team Captains Complete Below This Line Only

Entry Fee: \$775.00 (10/15/06 - 5/15/07 – MUST be postmarked by 5/15/07) _ LATE Registration \$875.00 (postmarked after 5/15/07) _ Additional Charity Donation: \$ _____ _ Extra Finisher Medals (\$5 each): # _____ _ Extra T-Shirts (\$12 each): Size(s) _____ _ Quantity _____ _ Reserve Inaugural Team Number \$100 (MUST be postmarked by 12/31/06) _____ TOTAL ENCLOSED: \$ _____ <b style="color: red;">Send non-refundable check (payable to Wonders of Walking) and this form to: 610 SW Broadway, # 602, Portland, OR 97205
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TEAM CATEGORY (Check one box only): <b style="color: red;">DISCOUNT OPPORTUNITY! Bring in one NEW fully paid team (minimum 7 members for 12-person team and 5 members for 8-person team who have not previously done the Relay) by 1/15/07 and receive 20% off your registration fee! Bring in a NEW fully paid team by 3/15/07 and receive 10% off your fee! INAUGURAL TEAMS: Reserve your inaugural team number by sending \$100 by 12/31/06. Please include your inaugural team number.	Men: _ Elite _ Open _ Masters _ Grand Masters _ Ultimate Masters _ Corporate Women: _ Elite _ Open _ Masters _ Grand Masters _ Ultimate Masters _ Corporate Mixed: _ Elite _ Open _ Masters _ Grand Masters _ Ultimate Masters _ Corporate 8-Person: _ Men _ Women _ Mixed _ Family Walk Our Way: _ Men _ Women _ Mixed Inaugural Team Number (2004 Inaugural Teams Only): _____
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| <ul style="list-style-type: none"> • Elite: Average speed of 10:00 miles (men) and 10:30 miles (women). • Masters: All team members 40 (or better) as of the day of the event. • Grand Masters: All team members 50 (or better) as of the day of the event. • Ultimate Masters: All team members 60 (or better) as of 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 nine must contain four women). • Corporate: Team members may be any age and all employed at the same business. Team may include spouses/significant others. | <ul style="list-style-type: none"> • Open: At least one team member must be under 40 years old. • 8-Person: Men, Women, or Mixed. No age classification. • WOW: Team of 8 or 12 participants allowed to vary rotation of team members per van/per 6 laps. All other participant rules must be followed. WOW teams will not be eligible for any of the award categories as mentioned above. • Volunteers: Each team (with team members residing within a 50-mile radius of the entire course – not just Portland) is required to provide THREE volunteers. • How Did You Hear About the Relay? _____ |
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TEAM MEMBER INFORMATION

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

Name (Last/First):		City:	State:	Zip:
Mailing Address:		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, 2007 and \$20 after July 1, 2007):

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 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, 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, 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 my name, 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 while 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, and 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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