



PUMPKIN CAPER 5K

October 22, 2006 Beaverton, OR Event starts at 9:00 a.m.
(start location: 8705 SW Creekside Pl., Beaverton, OR)

REGISTRATION FORM

- \$20.00 >> Pre-Registration: entries received before 10/2/06
- \$25.00 >> Entries received 10/3/06 – 10/20/06
- \$30.00 >> Day of race, registration begins at 7:30 a.m.
- \$10.00 >> Incredible Pumpkin Caper T-shirt *WE CAN NOT GUARANTEE T-SHIRT REQUESTS RECEIVED AFTER 10/9/2006
- Please indicate T-shirt size: S M L XL XXXL (\$1.50 extra)

Registration is non-refundable

CHECK THE BOX FOR THE DIVISION YOU WOULD LIKE TO ENTER:

- Racewalk (judged) Competitive Nordic Walk Walk Our Way

NAME (please print) _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone _____

Date of Birth _____ Your age day of race _____ M F

Enclosed \$ _____

(Checks payable to: Wonders of Walking, LLC)

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

Waiver and release: I know that participating in a walking event includes an element of risk and could be a potentially dangerous and hazardous activity. I should not participate in Pumpkin Caper (hereafter called "Event") on October 22, 2006 unless I am medically able and properly trained. I assert that I am physically able and sufficiently trained to participate in this Event. I agree to abide by any and all decisions by an event official concerning my being able to participate in or compete in this Event. I agree that event officials may authorize necessary emergency treatment for me, and that I will assume and pay for my own medical and emergency expenses in the event of an accident, illness or other incapacity. I further assume any and all risks associated with participating in this event, including, without limitation, falls, contact with other participants, the effects of weather, including high heat and/or humidity, road conditions and traffic on the course, all such risks being acknowledged and appreciated by me. I agree to abide by the event rules and to follow any and all instructions given by an event official. Having read this waiver and knowing the facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, successors and assigns, covenant not to sue, and wave, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the following: Wonders of Walking, LLC, any and all federal, state, city, county or regional governing bodies, departments and/or agencies, event officials and volunteers, sponsors, charity beneficiary, supplies and any other personnel in any way assisting or connected with this Event, as well as their respective directors, officers, employees, agents and successors, from any and all claims or liabilities 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. I grant permission to all the foregoing to use photographs, motion pictures, video, recordings or any other record of this event for any legitimate purpose

Signature (with Parent/guardian if under 18) _____ Date _____

Events for Walkers by Walkers®