



# SISTERS STRIDE INTO AUTUMN

September 24, 2006 >> Sisters, OR >> Competitive and "Walk Our Way" 10K & 15K

## REGISTRATION FORM – FOR ALL EVENTS (Competitive and "Walk Our Way" 10K & 15K)

I am registering for:  Competitive 10K,  Competitive 15K,  Walk Our Way 10K,  Walk Our Way 15K

\$22.00 >> Early Registration: entries received before 8/27/06 (all events)

\$27.00 >> Entries received 8/28/06 – 9/21/06 (all events)

\$32.00 >> Day of race, registration begins at 7:00 a.m. (all events)

\$10.00 >> Incredible Sisters Stride T-shirt \*WE CAN NOT GUARANTEE T-SHIRT REQUESTS RECEIVED AFTER 9/6/2006

Please indicate T-shirt size:  S  M  L  XL  XXXL (\$1.50 extra)

*Registration is non-refundable*

NAME (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ M  F

Enclosed \$ \_\_\_\_\_

*(Checks payable to: Wonders of Walking, LLC)*

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

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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 the Sisters Stride Into Autumn (hereafter called "Event") on September 24, 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, Sisters Athletic Club, St. Charles Medical Center, Deschutes County, US Department of Agriculture Deschutes National Forest, any and all federal, state, city, county or regional governing bodies, departments and/or agencies, event officials and volunteers, sponsors, 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 \_\_\_\_\_

Registration form is available online at [www.wondersofwalking.com](http://www.wondersofwalking.com)

*Events for Walkers by Walkers®*