

# Trail of Hope 5K Run/Walk

\_April 19, 2008\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

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

Please Check One: ( ) Run

Shirt Sizes: ( ) S, ( ) M, ( ) L, ( ) XL, ( ) XXL

( ) Walk

( ) **BREAST CANCER SURVIVOR**

Registration Fees: \$18 pre-registration, \$22 day of race

*Make Checks Payable to "Trail of Hope"* (be sure to send with registration form)

Mail to: Trail of Hope, PO Box 952, Burns , OR 97720 For more information call: 541-413-0062

## **ALL PARTICIPANTS MUST READ AND SIGN WAIVER:**

I know that participating in a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risk associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Trail of Hope Organization, Burns High School, the town of Burns and Hines, the state of Oregon, and all sponsors, their representative and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence, or carelessness on the part of the persons named in this waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian (participant under 18) \_\_\_\_\_ Date \_\_\_\_\_