



2020 Race Registration

MAIL COMPLETED FORM TO: WALTERVILLE GRANGE, PO BOX 262, WALTERVILLE, OR 97489. Make checks payable to: WALTERVILLE GRANGE.

Name (Please print) _____

Email _____

Phone _____

Address _____ City _____ State _____
Zip _____

Date of birth _____ Gender ___M ___F

Emergency Contact Name _____ Phone No. _____

Fees

Adult: (18-55) with shirt	No. of people _____	@\$32/ea	_____
Without shirt	No. of people _____	@\$20/ea	_____
Senior (56+) with shirt	No. of people _____	@\$27/ea	_____
Without shirt	No. of people _____	@\$15/ea	_____
17 and under with shirt	No. of people _____	@\$17/ea	_____
Without shirt	No. of people _____	FREE	_____
TOTAL			_____

OPTIONAL donation to offset Waddle costs \$ _____

Shirt Sizes

Adult S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐

Youth S ☐ M ☐

Waiver must be read, signed and mailed with each official entry: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk 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 run/walk. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, effects of weather, including high humidity, traffic and the conditions of the road, such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I, for myself and anyone acting on my behalf, waive and release the Walterville Community Hall, Eclectic Edge Racing, LLC, and any and all persons sponsors and entities their representatives or successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness of the persons names

in this waiver. I grant permission for all of the foregoing: any photograph, video recordings, or any other recording of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to clarify that my child has permission to complete n this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

Signature

Date