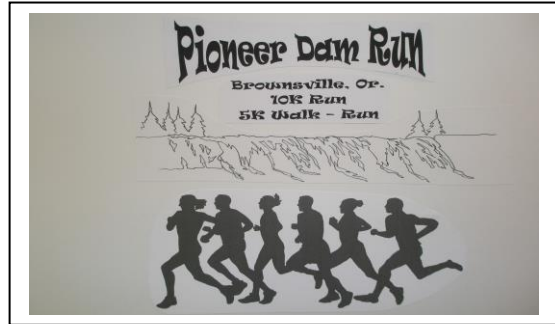


**2017 PIONEER DAM RUN  
Linn County Pioneer Picnic**

**Location:**

Park Street @ Linn County  
Historical Museum  
Brownsville, OR 97327



**JUNE 18, 2017 8AM 10 K RUN and 5 K RUN / WALK**

**REGISTRATION:**

**By Mail** before June 5, 2017 (to be guaranteed a shirt)

**In person** @ Brownsville HealthMart Pharmacy

**Online** @ [www.EclecticEdgeRacing.com](http://www.EclecticEdgeRacing.com)

Once on the site, click on "Race Calender" and locate "Pioneer Dam Run"

**NAME: (LAST)** \_\_\_\_\_ **(FIRST)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MALE**  **FEMALE** **AGE ON JUNE 18:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EVENT I AM ENTERING:**  **10 K RUN**  **5 K RUN / WALK**

**ADULT SHIRT SIZE: (Check one)**  **S**  **M**  **L**  **XL**

**CHECK ENTRY OPTION:**

**Adult (18 yrs +)** \$28 \*\*  
 **Day of Race** \$28 (shirt, only if available)  
 **Youth (17 & under)** \$20 \*\*

BIB #
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**\*\*Registration includes shirt (registrations received after June 10<sup>th</sup> not guaranteed shirt)**

**ENTRY FEE TOTAL \$** \_\_\_\_\_

Make check payable to: **Linn County Pioneer Association,**  
Mail to: **Brownsville Pharmacy, PO Box 248, Brownsville, OR 97327**

**MANDATORY WAIVER** (Please read and sign below) I know that a race/walk or wheelchair event is a potentially hazardous activity. I should not enter and participate in this event unless I am medically able and properly trained and have sufficient stamina to safely and successfully complete this event without harm or injury to myself. In consideration of the acceptance of my entry, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims for damages against the Pioneer Dam Run race directors and designated race officials, Linn County Pioneer Association, Eclectic Edge Events, LLC, City of Brownsville, County of Linn, and all other participating sponsors, agents and employees of such parties for all claims of damages, actions, whatsoever in any manner arising from my participation in this event. I grant permission to all of the foregoing the use on any photographs, motion pictures, recording or any other record of this event for any legitimate purpose. PLEASE NOTE: Entry fees are non-refundable and non-transferable.

**Signature (Parent/Guardian if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_