

2017 Falcon 15k Relay plus 15k, 10k, & 5k Run & Walk Registration Form

Name: _____

Relay Team Members: _____ Race # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date - mm/dd/yy _____ Age: _____ Gender: M F

Birth date - mm/dd/yy _____ Age: _____ Gender: M F

Birth date - mm/dd/yy _____ Age: _____ Gender: M F

Phone: _____ Email: _____

Race	15 K Relay <input type="radio"/>	15k, 10k, 5k Run <input type="radio"/> <input type="radio"/> <input type="radio"/>	5K Walk <input type="radio"/>	Kids Race # of Kids _____
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Entry Fee: 15k Relay Team - \$75 per team (\$90 day of race)
 15k Relay Team - \$60 per team High School (\$75 day of race)
 15k, 10k, 5k Run or 5k Walk - \$30 per person (\$40 day of race)

Check # _____ Amount Enclosed \$ _____

Make checks payable to: Liberty High School Falcon 15K Relay

Mail to: Liberty High School
 Falcon 15K Relay
 21945 NW Wagon Way
 Hillsboro, Oregon 97124

WAIVER MUST BE READ, SIGNED AND MAILED WITH ENTRY

OFFICIAL WAIVER: I know that participating in an organized athletic event is potentially hazardous, and that I should not enter to participate unless I am medically able and properly trained. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. I certify that I am physically fit and that I have sufficiently trained. I agree to abide by the competitive rules. I hereby take the following action for myself, my executors, administrators, heirs, next to kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I hereby waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or relate to my participation in this event. I agree not to sue, and to hold harmless any and all persons, sponsors, volunteers, participants or government agencies for any and all claims or liabilities that I have waived, released or discharges herein. I understand that the Entry Fees are Non-Refundable and Non-Transferable.

Signature X _____

Date _____

(Signature of Parent or Legal Guardian if participant is under the age of 18)