

# RUNNER/WALKER REGISTRATION FORM



ONE ENTRY FORM PER PARTICIPANT (Kids event participants must have a completed form as well)  
~ PLEASE PRINT CLEARLY ~

Last name \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

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

Male  Female Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you part of a team or business?  Yes  No Team/Business name \_\_\_\_\_

Which event will you be participating in?  Remembrance Walk  5K Walk/Run  Kids Event (under 10 yrs)

## ENTRY FEE

Individual Rate: \$15.00  Kid Rate: Free (under 10 yrs)

## T-SHIRT SIZE (included in entry fee)

S  M  L  XL  2XL  3XL  No T-shirt

I would like to make an additional tax deductible gift to support hospice patients & their families \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED (Registration fee + tax deductible donation if applicable): \$ \_\_\_\_\_

Please charge my credit card  Visa  Mastercard  Discover

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CSC Code\* \_\_\_\_\_  
\* 3 digit code on back of card

Total amount to be charged to credit card: \$ \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Age Group (check one):

Under 10  11-19  20-29  30-39  40-49  50-59  60-69  70-79  80-89  90+

*How did you hear about us?* \_\_\_\_\_  Please DO NOT use my name to post race materials/marketing.

**Waiver:** In consideration of the acceptance of my entry, I myself, executors, heirs, personal representatives, successors, administration, and assignees do hereby release and discharge the race organizers, Klamath Hospice, Inc. and all sponsoring organizations, supporters, volunteers, officials and individuals associated with this run of all claims, damages, injuries, or action suffered by me or arising out of my participation in this run. I attest and verify that I have full knowledge of the risks involved with this event and I am physically fit and sufficiently trained to participate in the event. I understand this is a public event and various photos will be taken which may or may not include me. I understand that vehicles cannot be stopped for this event where the run/walk course intersects city and county roads. I agree I will look for traffic before crossing any road and wait for the traffic to pass before proceeding to cross.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature if participants are under 18 years of age)

**Please mail completed entry form with fee to (checks payable to: Klamath Hospice):**

Klamath Hospice • Attn: Run/Walk • 4745 South 6th Street • Klamath Falls, OR 97603