

*******RUNNER REGISTRATION FORM*******



www.saulmemorial.net



Manson, WA
Check in 0630-0745
Race 0830-1130

5K or 10K Run 3K or 5K Walk
Entry Fee: \$15 pre-race
\$30 race day
(Entry fee includes a t-shirt or baseball cap)

Please print clearly. **Use a separate form for each runner.**

Name: _____ Age on Raceday: _____

Mailing Address: _____

Street/Post Office Box City State Zip

☐ Male ☐ Female I am entering the: 5K Run 10K Run (Circle one)

☐ T-Shirt Size: **Adult** Short Sleeve S M L XL XXL XXXL

☐ T-Shirt Size **Child** S M L (Circle One-shirt size)

or ☐ Baseball Cap

E-mail address _____ (Confirmations provided by e-mail only)

I am participating in the Deputy Saul Gallegos Memorial Run at my own risk and waive all claims of every nature against the organizers, officials, sponsors, and any other participating agencies with respect to any personal loss, illness, bodily injury or death resulting from participating in these activities. I also fully understand the rigors of such competition and have prepared myself physically for the race. At the time of registration, I will inform the race organizers regarding any relevant medical condition. I agree to follow the rules which govern road racing and will follow all pedestrian laws. I also understand that the registration fee is non-refundable.

I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by signing it and I sign it voluntarily.

Signature _____ Date _____

If participant is under the age of 18: This is to certify that my son/ daughter has my permission to run in the Deputy Saul Gallegos Memorial Run, is in good physical condition and that the race officials have my permission to authorize emergency medical treatment if necessary.

Parent's Signature (for those under 18) _____ Date _____

Mail completed form with registration fee to:

Deputy Saul Gallegos Memorial Run
 c/o PO Box 727
 Waterville, WA 98858