

2016 REINDEER RUN REGISTRATION

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Age (on race day) _____ Gender M F

Emergency Contact Name _____ Phone _____

Race Shirt Size (Adult Unisex) YL S M L XL XXL

Please Check One:

Adult Prices	7/15— 9/14	9/15— 10/29	10/30— 11/30	Race Day
5K Run/Walk	\$40 <input type="checkbox"/>	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$55 <input type="checkbox"/>
10K Run/Walk	\$50 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$65 <input type="checkbox"/>
Half Mar. Run	\$60 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$75 <input type="checkbox"/>
Half Mar. Walk	\$60 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$75 <input type="checkbox"/>

Student Prices (18 and under)	7/15— 9/14	9/15— 10/29	10/30— 11/30	Race Day
5K Run/Walk	\$25 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>
10K Run/Walk	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>
Half Mar. Run	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$60 <input type="checkbox"/>
Half Mar. Walk	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$60 <input type="checkbox"/>

Waiver and Release of Liability: I understand that all registration fees are non-refundable. I understand that running/walking is a potentially hazardous activity. I understand that I should not participate in the Columbia River Foursquare Reindeer Run unless I am medically able and properly trained. I agree to abide by any decision of the event organizer relative to my ability to safely complete the race. I assume all risks associated with running/walking in this event, including but not limited to falls, contact with other participants or spectators, the effects of the weather and conditions of the course, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry. I, for myself and anyone entitled to act on my behalf, waive and release, the Columbia River Foursquare Church, employees, all participating sponsors and directors, volunteers, their representatives and successors from all claims or liability of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons and entities named in this waiver. I grant permission to all of the foregoing to use my name, likeness and identity in any photographs, motion pictures, recordings of any other record of this event for any legitimate promotional purpose.

Participant Signature (Parent/Guardian if under 18) _____

Date _____

**Mail Registration Form and Fee to:
(Must be received by Nov. 30)**

Columbia River Foursquare Church
555 Commons Drive
St. Helens, OR 97051

Questions? Please call Molly Cooke: 503-396-0357
Participants can also register online at:
<http://crfoursquare.com/reindeerrun.html>

Official Use Only:

Bib #: _____

Race: _____

Division: _____

Date: _____

Cash Check Card