

Autumn Leaf Walk/Run/Caminata Comunitaria

October 9th,
2010 - 10 am

Registration

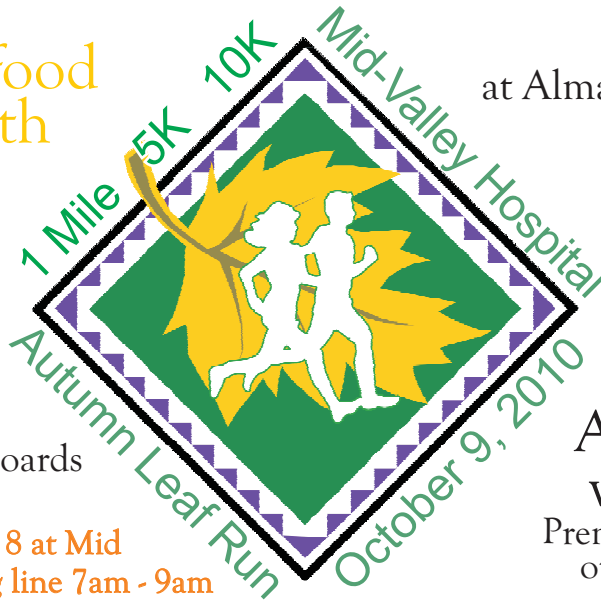
Fee = Cans of food
Please bring with
you to the run

1 mile, 5K and 10K
May register until 8:30 am
the day of the run.

Se podrá registrar hasta las
8:30 am del día del evento.

No Bikes, scooters, or skateboards
allowed on the route

Bib Pick up 4pm - 8pm October 8 at Mid
Valley Hospital or at the starting line 7am - 9am



Start and Finish
at Alma Park, 1st and Conconully
in Okanogan

Empieza y termina en el
parque Alma en Okanogan

Prizes for the best
Autumn costume as
well as other prizes!
Premios para los mejores disfraces
otoñal y muchos otros premios!

Last Name/Apellido

M.I.

First Name/Nombre

Address/Dirección

City/Ciudad

State/Estado

Zip/Codigo Postal

Phone Number/Telefono

Sex (M or F)

Birth date/Fecha de Nacimiento (important for age group category)

Age/Edad

1 Mile

5K

10K

Only those racing will be timed (1 mile will not be timed) – solamente las personas que compiten por tiempo recibirán su tiempo oficial

Are you racing this event? yes no

Estas compitiendo por tiempo sí no

You must complete the Autumn Leaf Run to receive your **FREE t-shirt!**
Se debe de completar la caminata para recibir su playera

T-Shirt Size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

Adult XXL

Adult XXXL



Deadline to order t-shirts: September 30, 2010. After that date t-shirts will be available on a first come first served basis

WAIVER AND RELEASE: I know that running a road race, regardless of the distance, includes an element of risk. I should not enter and participate in the 2010 Autumn Leaf Run unless I am medically able and properly trained. I assume any and all risks associated with this event including but not limited to falls, contact with other participants, vehicle traffic, the effects of weather, and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives, or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Mid-Valley Hospital, Autumn Leaf Run volunteers and sponsors, including the agents, employees, assigns or anyone acting for any of the foregoing entities, from any and all claims of liability for death, personal injury or damage of any kind or nature whatsoever arising out of, or in the course of my participation in the Autumn Leaf Run. I also hereby consent to permit, and accept responsibility for emergency treatment in the event of injury or illness. I also understand and agree that Mid-Valley Hospital and/or any person or entity authorized by it may subsequently use, for publicity or promotional purposes, my name, age, birth date, city, finish place, finish time or pictures of me in this event without liability or obligation to me. Applications for minors will be accepted only with a parent or legal guardian's signature.

Signature of Participant/Firma del Participante

Date/Fecha

Signature of Parent or Legal Guardian (for Participant under the age of 18)
Firma de los padres (para menores de 18)

Date/Fecha

When complete, mail to Mid Valley Hospital, PO Box 793, Omak WA 98841, drop off at Mid-Valley Hospital or scan and email to corsonr@mvhealth.org