

**Fit 4 Life Coalition with proceeds from the Omak Orchard in Bloom**

**Presents**

**15<sup>TH</sup> Annual Autumn Leaf Walk/Run**

**1 mile and 5k race**

**Saturday, October 1<sup>st</sup>, 2016**

**10:00am Starts at Rose & 2<sup>nd</sup> Ave, Okanogan**

**FREE EVENT FOR THE WHOLE FAMILY!!!!**

**Registration**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Age on 10/01/16

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

SEX: M F

\_\_\_\_\_  
Email Address

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on 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, for myself and anyone entitled to act on my behalf, waive and release the City of Omak, Okanogan County, State of Washington, Fit for Life Community Coalition, all sponsors and contributors, volunteers and their representatives and successors from all claims or liabilities 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 named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my entry fee is nonrefundable. A parent must sign if entrant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and the event officials may authorize necessary emergency medical treatment. We are working closely with the orchard owners, but be aware we cannot guarantee that there will be no spraying.

\_\_\_\_\_  
Signature of Participant & date

\_\_\_\_\_  
Signature of Parent of Legal Guardian (for participants under the age of 18)

**BRING YOUR DONATION OF CANNED FOODS FOR LOCAL FOOD BANKS THE DAY OF THE RACE**

Free commemorative shirt for children under 12.

Child t-shirt size: S M L

Adult size t-shirt can be ordered in advanced for \$10.00.

Make Check payable to:

Fit 4 Life Coalition

c/o Mid-Valley Hospital Foundation

P O Box 3188, Omak, WA 98841

Adult t-shirt size: S M L XL XXL

**Return registration to:**

Fit 4 Life Coalition

c/o Mid-Valley Hospital Foundation

P O Box 3188, Omak, WA 98841

**Bib pick up:**

Friday, Sept. 30<sup>th</sup> 5pm to 7pm

Rawson's parking lot, Okanogan

Or on race day from 8am to 9:30am

**Race Day Registration: 8am to 9:30am**