

# **SILVER FALLS CHALLENGE, 5K Trail Race and 1500m Youth Run**

Silver Falls State Park, Silverton, Oregon

10:00 AM, June 6, 2009 South Falls Day Use Area

Event: \_\_\_\_\_ 5k Trail Race, Fee: \_\_\_\_\_ \$15 by May 30 \_\_\_\_\_ \$20 beginning May 31

Event: \_\_\_\_\_ 1500m Youth Development Run, ages 10-14 Fee: FREE, must be registered

Long Sleeve Heavyweight Cotton T-Shirt: \$12.00 additional Sizes: S M L XL XXL(+\$2.00)

# _____ For Official Use Only
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Please Print:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ AGE on 06/02/2007 \_\_\_\_\_ GENDER M/F: \_\_\_\_\_

Payment Amount Enclosed: \_\_\_\_\_ check or money order to:  
Silverton Runner's Club, PO Box 783, Silverton, OR 97381

**Release:** In consideration of my entry, I, for myself, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights, claims or damages against any of the Silverton Runner's Club, Oregon Parks and Recreation, all sponsors and directors, advertisers, volunteers, employees or agents of such for all claims, demands, actions, or causes incident to my event participation. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, that I am physically fit and sufficiently trained to participate in this race, that my entry fee is non-refundable, and that I have read and understand this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or other record of this event for any legitimate purpose.

**Signature:** \_\_\_\_\_ **(Parent, if under age 18)** **Date:** \_\_\_\_\_