

Waiver and Release

I know that participating in Fall City Days Run, a race, is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race organizer/volunteer relative to my ability to safely compete in/complete the event. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants and or strollers, the effects of weather, traffic, and the conditions of the course. No dogs except service dogs allowed on race course. Having read this waiver, knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, or for anyone whom I am registering, waive and release the WSDOT, King County, Rivalry Events USATF, Fall City Community Association, Fall City Metropolitan Parks District, Snoqualmie Valley School District, race officials and volunteers, all sponsors and vendors, and any such successor of the aforementioned from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on my part. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, race results and other record of this event for any legitimate purpose. I understand there are no refunds or transfers. I agree to these terms . Shirts are available the day of while supplies last. We cannot guarantee shirts if you did not pre-register.

Signature: _____ Date: _____



PRIMARY RUNNER INFORMATION: 5K \$35.00 ___ 10K \$40.00 ___ Kids 1k \$15.00 ___

Shirts: LIMITED SUPPLY. MAY NOT BE AVAILABLE. Cotton \$5.00 _____ Triblend \$10.00 _____

Please select: ___ Male ___ Female

Please leave blank:

First Name: _____ Last Name: _____ Age on Day of Race: _____ Bib # _____

Email Address: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

ADDITIONAL RUNNER INFORMATION:

First Name: _____ Last Name: _____ Date of Birth: _____ Male/Female Race _____ Bib # _____

First Name: _____ Last Name: _____ Date of Birth: _____ Male/Female Race _____ Bib # _____

First Name: _____ Last Name: _____ Date of Birth: _____ Male/Female Race _____ Bib # _____

First Name: _____ Last Name: _____ Date of Birth: _____ Male/Female Race _____ Bib # _____

Are you affiliated with a Snoqualmie Valley School: Cascade View Elementary ___ Fall City Elementary ___ North Bend Elementary ___ Opstad Elementary ___ Snoqualmie Elementary ___ Chief Kanim Middle School ___ Timber Ridge ___ Twin Falls Middle School ___ Mt. Si High School ___ Two Rivers School ___ Snoqualmie Valley Virtual Academy ___ Snoqualmie Valley Parent Partner Program ___ No Affiliation _____