

JUNE 18, 2011



ENTRY FORM

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ - _____ - _____ Age: _____

E-Mail: _____

Sex: M F

Early Registration:

- 10K Run + T-shirt \$23
- 10K Run only \$15
- 5K Run + T-shirt \$23
- 5K Run only \$15
- 5K Walk + T-shirt \$23
- 5K Walk only \$15
- 2K Kids Run + T-shirt \$18
- 2K Kids Run only \$10

Day of Race/ Late Registration:

- 10K Run only \$20
- 5K Run only \$20
- 5K Walk only \$20
- 2K Kids Run only \$15

T-Shirts:

A limited number of shirts may be available for sale on the day of race for \$15.

T-Shirt Sizes:

- Adult sizes:
 S M L XL
- Youth sizes:
 S M L

MAKE CHECKS PAYABLE TO "CORVALLIS PUBLIC SCHOOLS FOUNDATION" **TOTAL: \$** _____

Waiver & Release: I know that participating in a running or walking event, regardless of the distance, includes an element of risk. I understand that I should not enter this event unless I am medically able and properly trained. In consideration of the acceptance of registration and for being permitted to participate in this event, I assume full and complete responsibility for any injury, damage, or accident that may occur before, during, or after my participation in this event or while on the premises of this event. I, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and hereby release, acquit, and forever discharge and hold harmless the Corvallis Public Schools Foundation, its affiliated individuals, any walk sponsors, any volunteers, and any and all suppliers, contractors, employees, and any other personnel in any way assisting or connected with this event from any and all claims, demands, damages, costs, attorney's fees or liability of any kind or nature whatsoever arising out of my participation in this event. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or picture of me in this event without liability or obligation to me. I further agree that event officials may authorize necessary emergency medical treatment for me, and I hereby grant event officials permission to transport me or my child to the nearest medical facility for treatment in case of injury.

Signature of Participant

Signature of Parent or Legal Guardian (for participants under age 18)

Date

Entry form & check must be received by June 13 at:
A Midsummer Night's Run
c/o Race Director Mark Yeager
PO Box 1290
Albany, OR 97321