RACE for the ROSES

5K • 10K • 1/2 MARATHON • BENEFITING ALBERTINA KERR

Registration *www.Race4theRoses.org* *April 11, 2010*

Please pre-register by mail, online, or Saturday, April 10th during packet pickup. NO DAY OF RACE REGISTRATION.

Half Marathon ☐ RUN ☐ WALK **10K** ☐ RUN ☐ WALK **5K** ☐ RUN ☐ WALK

FIRST NAME _____ LAST NAME _____

BIRTHDATE __-__-____ AGE ON 4/11/10 ____ GENDER ☐ M ☐ F

ADDRESS _____

CITY, STATE, ZIP _____, ____ _____

PHONE (WORK) ___-___-____ PHONE (HOME) ___-___-____

PHONE (CELL) ___-___-____

EMAIL _____

OPTIONAL DIVISIONS ☐ ATHENA (FEMALE 150 LBS AND OVER) ☐ CLYDESDALE (MALE 198 LBS AND OVER)
☐ WHEELCHAIR ☐ CRANK

Event Fees	Until 3/29/10	After 3/30/10	Packet Pickup 4/10/2010
1/2 MARATHON RUN/WALK	$50.00	$60.00	$75.00
10K RUN/WALK	$40.00	$45.00	$50.00
5K RUN/WALK	$30.00	$35.00	$40.00

Registration $_____

Special Finisher Hat, an additional $15 $_____

Donate to the Cause and Support Programs at Albertina Kerr Centers

☐ $1.00 ☐ $5.00 ☐ $10.00 ☐ OTHER $_____

TOTAL ENCLOSED $_____

Make checks payable to: RACE FOR THE ROSES
Mail To: AA SPORTS, LTD., 4840 SW WESTERN AVE. STE. 400, BEAVERTON, OREGON 97005

All fees are non-refundable

RACE SHIRT SIZE* ☐ S ☐ M ☐ L ☐ XL ☐ XXL ($3.00 ADDITIONAL)
(UNISEX SIZES)
*RACE T-SHIRTS GUARANTEED TO PARTICIPANTS WHO REGISTER BY MARCH 29

WAIVER & RELEASE: READ THIS! I KNOW THAT RUNNING/WALKING A ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN/WALK 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/WALK. I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, INCLUDING HIGH HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF ACCEPTANCE OF MY ENTRY, I FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE ALBERTINA KERR CENTERS, AA SPORTS, LTD., CITY OF PORTLAND, AND ANY AND ALL PERSONS, SPONSORS AND ENTITIES, THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION EVEN THOUGH SAID LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER. I GRANT PERMISSION FOR ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE. PARENTS MUST SIGN IF PARTICIPANT IS UNDER 18 YEARS OF AGE. THIS IS TO CERTIFY THAT MY CHILD HAS PERMISSION TO COMPLETE IN THIS EVENT, IS IN GOOD PHYSICAL CONDITION AND THAT EVENT OFFICIALS MAY AUTHORIZE NECESSARY EMERGENCY TREATMENT. I AGREE TO RETURN THE TIMING CHIP ASSIGNED TO ME OR PAY A $30.00 REPLACEMENT FEE. ENTRY FEES ARE NON-REFUNDABLE.

SIGNATURE: _____ MAIL-IN ENTRIES MUST BE RECEIVED BY APRIL 2ND