

# VIKING COLOR RUN REGISTRATION

Registration forms and payment can be mail to: Stayton Middle School PTC, 1021 Shaff Road, Stayton, OR 97383. Please fill out a registration form for each runner participating in the Viking Color Run. Thank you!

Participant Info:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## COLOR RUN WAIVER (MUST SIGN TO PARTICIPATE):

I know and understand that running in a 5K run with color is a potentially hazardous activity. I know, recognize and appreciate these risks, realizing this is a strenuous activity which requires physical conditioning and hereby represent and certify that I am in good health and in physical condition to participate in this event. I assume all risks associated with running in this event and acknowledge it carries with it the potential for property loss, serious injury, or death. All such and related risks being known and appreciated by me. I also agree to obey all laws while participating in the event. I also agree to immediately adhere to directions given me by event officials as well as law enforcement and emergency personnel. I understand that pets, bicycles, skateboards, rollerblades, or scooters are not allowed in the event. I will abide by these guidelines. I understand there are no refunds In consideration of the acceptance of my participation, I hereby for myself, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge all companies involved with the organization of the Viking Color Run, including all sponsors, partners, and affiliates, of this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though such liability may arise out of negligence or carelessness on the part of event organizers, sponsors, partners and affiliates. Having read and understood this waiver and in consideration of your accepting my entry, I do hereby fully release and forever discharge all sponsors of the Viking Color Run from any and all claims for injuries, illnesses, damages, expenses or loss that me or my minor child may suffer arising out of, connected with, or in any way associated with the race, program or activities. I have read and fully understand the above important information warning of risk, assumption of risk, waiver and release of claims. I, the undersigned, agree to the terms above:

Signature (Parent/Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information:

# of Pre-Registrations (by August 4<sup>th</sup>):

Ticket Type	Price	# Ordered
Adult	\$25	
Child (8 <sup>th</sup> grade & under)	1 free with paid adult	
Additional Child	\$10	
Pre-Registration Total: \$		

Runner's Kits (by August 4<sup>th</sup>):

Runner's Kit includes 1 t-shirt, 1 pair of sunglasses, and 1 bandana	
T-shirt Sizes	
<ul style="list-style-type: none"> <li>• Please indicate Youth or Adult Sizes</li> </ul>	
# of Runner Kits (\$15 Each)	
Runner's Kit Total: \$	

Registration Total: \$ \_\_\_\_\_ + Runner's Kit Total: \$ \_\_\_\_\_ = \$ \_\_\_\_\_