

BLEED ORANGE 5K Fun Run

SATURDAY OCT 1ST RACE TIME 9AM

PLEASE PRINT LEGIBLY

Name: _____ Sex: _____ Age: _____
Address: _____
City, State Zip: _____
Phone: _____ E-mail: _____

Entry Fees: \$20.00 each for early registration / \$35.00 for a couple
\$30.00 each for race day registration
* Ages 12 and under Free (\$10 for t-shirt)

Register by Sept 10th to receive a FREE 5K T-shirt

SHIRT SIZE: (circle One) SM M L XL

Method of Payment ☐ cash ☐ card ☐ check last 4 _____

Proceeds will be donated to local charity. Should we donate the proceeds to:

- ☐ Youth Services of Kittitas County Mentoring Program
- ☐ Ellensburg Rotary Club's AED to local schools project
- ☐ Other _____

Course Description / Directions: The course will start and end at the Reecer Creek Restoration Trail on W Dolarway. This is the dike trail along the creek. There is no street address, but this is an established trail access on the South side of Dolarway Rd, immediately East of the bridge crossing Reecer Creek. The course will go through Irene Rinehart Park and return to the starting point.

Prepare for weather conditions to be potentially rainy, windy, and cold. The course will have a variety of surfaces ranging from concrete, grass, and dirt so wear shoes and running attire accordingly.

Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature: _____ **Date:** _____

Parent or Guardian if under 18: _____

No refunds will be issued for any reason