SOUTH COAST RUNNING CLUB
Running the Beautiful Southern Oregon Coast

RRCA ROAD RUNNERS CLUB OF AMERICA

South Coast Running Club Event Registration

Event Name: South Slough Trail-n-Treat

Date: July 15, 2017

Please make checks payable to: South Coast Running Club

Bring this form to the race, or send it to: South Slough Trail-n-Treat, South Slough National Estuarine Research Reserve, 61907 Seven Devils Rd, Charleston, OR 97420

Name _____

Current SCRC Membership?: Yes No

Age on Race Day: _____ Male Female

RACE ENTRY FEE'S: [SCRC MEMBERS $5.**] [NON-MEMBERS** $15**] Kid's Race** Free!

Competing in (circle one): Kid's Race 5k

Other: _____

I know that running, walking and volunteering to work in club races are potentially hazardous activities. I should not enter or participate in club activities unless I am medically able and properly trained. I agree to abide by any decision of the event organizer or race official in regards to granting me permission to participate in or complete any club activity. I assume all risks associated with running and volunteering to work in club races including, but not limited to: falls, contact with other participants, the effects of the weather and conditions of the road and traffic on the course, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the South Coast Running Club and all sponsors, their representatives, respective officers, directors and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons and entities named in this waiver. I grant permission to all of the foregoing to use my name, likeness and identity in any photographs, motion pictures, recordings or any other record of me in this event for any legitimate purpose.

Signature (parent if under 18) _____ Date ____/_____/_____

Complete below if not a Current SCRC Member or information has changed:

Street Address _____

City _____ State _____ Zip _____

Phone (Cell) _____ (Home) _____

E-Mail _____