



How to Enter

1. Print this form
2. Enclose your check and mail to the address below or,
3. Include credit card information below; mail, scan and email or fax using the following contact information.

Golden State Foods
9310 N. Harborside St.
Portland, OR. 97203
Secured fax: 503-240-9794
e-mail:mhalpern@goldenstatefoods.com

Cost per registrant is \$30.00 (Children 12 and under participating in the 1/2 mile event, \$5.00 to cover the cost of a shirt)

Name _____ Birth Date _____ Event 11K__ 5K__ Kids__ Shirt Size _____
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Name _____ Birth Date _____ Event 11K__ 5K__ Kids__ Shirt Size _____
Address _____
City _____ State _____ ZIP _____
Phone _____ email _____

Card Type: ___ Amex ___ Visa ___ MC

Name on Card _____

Credit Card # _____ Security Code _____

Expiration Date: _____

Billing Address if different from above

Address _____

City _____ State _____ ZIP _____

Phone _____ email _____

Office Use Only:

Date Received: _____ Participant # _____ Check # _____

Receipt Sent: _____ Reg. Packet# _____ GSFF Initials: _____



Participant Waiver

Print and sign a waiver for each participant entering

**XTRA Mile 5k / 11k Run-Walk
September 12th, 2009
ACCIDENT WAIVER AND RELEASE OF LIABILITY**

Please read the below Waiver(s)

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: GOLDEN STATE FOODS, GOLDEN STATE FOODS FOUNDATION, CLARK COUNTY PARKS AND RECREATION, CITY OF VANCOUVER their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event permitters, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. I agree to have my name and finishing time(s) appear in the published results from this event. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I understand that entry fees are non-refundable and non-transferable and I have read and agree to the refund policy. Golden State Foods Foundation RESERVES THE RIGHT TO CANCEL THE EVENT OR CHANGE THE COURSE. By submitting this application I hereby certify that I have read this document; and, I understand its content.

Participant Name: _____ **Age:** _____

Signature: _____ **Date:** _____

If 17 years of age or younger

Parents Name: _____

Parents Signature: _____ **Date:** _____