



# Sisters Stride Into Autumn

September 19, 2010 >> Sisters, OR

**Mail In Registration Form – Registration is also available online at [http://www.wondersofwalking.com/event\\_sisters.php#registration](http://www.wondersofwalking.com/event_sisters.php#registration)**  
**To ensure a quality event, the Sisters Stride will be capped at 225 participants.**  
**There are no refunds, exchanges, transfers or rollovers on any race entry.**

**Division:**  Competitive  Non competitive "Walk Our Way"

**Event:**  10K Walk  10K Run  15K Walk  Sisters Team

**Team or Solo:**  I am registering with a Team  I am registering Solo

**If you are registering with a team:**  I am a team captain  I am not a team captain

My team's name is \_\_\_\_\_

**\$18.00 Incredible Sisters Stride T-shirt:**  S  M  L  XL  XXL  XXXL (\$3.00 extra for XXXL)  
**\*WE CANNOT GUARANTEE T-SHIRT REQUESTS RECEIVED AFTER 9/1/2010**

**NAME** (please print) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email address** \_\_\_\_\_

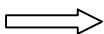
**Phone** \_\_\_\_\_

**M**  **F**  **Date of birth** (M/D/Y) \_\_\_\_\_ **Age** (day of walk) \_\_\_\_\_

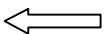
**Registration Fees** (There are no refunds, exchanges, transfers or rollovers on any race entry.)

	Postmarked by September 3, 2010	September 3, 2010– September 18, 2010	Day of Race	Sisters T shirt
<b>All Solo Events</b>	\$28.00	\$33.00	\$38.00	\$18.00
<b>Team Registrations</b>	\$25.00	\$30.00 (Team Reg Deadline is Sep 4, 2009)	n/a	\$18.00

**Enclosed \$** \_\_\_\_\_ (Please make checks payable to Wonders of Walking LLC - Registration is non-refundable)



**Mail entries to: 610 SW Broadway, Suite 602, Portland, OR 97205**



**Read and Sign Waiver – Required, incomplete forms will be returned:** I know that participating in a walking event includes an element of risk and could be a potentially dangerous and hazardous activity. I should not participate in the Sisters Stride Into Autumn (hereafter called "Event") on September 19, 2010 unless I am medically able and properly trained. I assert that I am physically able and sufficiently trained to participate in this Event. I agree to abide by any and all decisions by an event official concerning my being able to participate in or compete in this Event. I agree that Event officials may authorize necessary emergency treatment for me, and that I will assume and pay for my own medical and emergency expenses in the event of an accident, illness or other incapacity. I further assume any and all risks associated with participating in this event, including, without limitation, falls, contact with other participants, the effects of weather, including high heat and/or humidity, road conditions and traffic on the course, all such risks being acknowledged and appreciated by me. I agree to abide by the event rules and to follow any and all instructions given by an event official.

Having read this waiver and knowing the facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, successors and assigns, covenant not to sue, and wave, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the following: Wonders of Walking, LLC, Sisters Athletic Club, CASA of Central Oregon, Deschutes County, its officers, agents, employees, and volunteers Deschutes County, its officers, agents, employees, and volunteers for losses on account of injury, including death or damage to property, US Department of Agriculture Deschutes National Forest, any and all federal, state, city, county or regional governing bodies, departments and/or agencies, event officials and volunteers, sponsors, supplies and any other personnel in any way assisting or connected with this Event, as well as their respective directors, officers, employees, agents and successors, from any and all claims or liabilities arising out of my participating in this Event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use photographs, motion pictures, video, recordings or any other record of this event for any legitimate purpose.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature (with parent/guardian if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_