



Camp Tilikum Trail Run 2019

Race Day Registration & Liability Release

You can register 1 to 6 people on this form – hooray!

First & Last Name	Age	Gender	Race	Shirt Size if extra available	Bib #
	<input type="checkbox"/> 19+ <input type="checkbox"/> 14-18 <input type="checkbox"/> 10-13 <input type="checkbox"/> 6-9 <input type="checkbox"/> 5 and under	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 5K Race <input type="checkbox"/> Adult 1 Mile Walk <input type="checkbox"/> Kid 1 Mile Fun Run	Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
	<input type="checkbox"/> 19+ <input type="checkbox"/> 14-18 <input type="checkbox"/> 10-13 <input type="checkbox"/> 6-9 <input type="checkbox"/> 5 and under	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 5K Race <input type="checkbox"/> Adult 1 Mile Walk <input type="checkbox"/> Kid 1 Mile Fun Run	Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	
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Mailing Address					
City		State	Zip Code		
Phone Number		E-mail			
Registration Fees support camp scholarships Adult 19+: \$45 Youth 6-17: \$25 5 & Under: Free		Payment Adult Registration Fee(s): \$45 x _____ = \$ _____ Youth Registration Fee(s): \$25 x _____ = \$ _____ Lunch Ticket(s): \$7 x _____ = \$ _____ <div style="text-align: right;">Total Payment \$ _____</div>			
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card		Thank you for supporting the Camp Tilikum scholarship fund!			
For Office Use Reference # _____					

Release of Liability for all race participants registered on this on this form.

I know that participating in a running or walking event, regardless of the distance, includes an element of risk. I understand that I should not participate in the Tilikum Trail Run 5k Race, 1 Mile Fun Run, and/or 1 Mile Walk on July 4, 2019 unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to compete in this event safely, and I further agree that event officials may authorize necessary emergency treatment. I further assume any and all risks associated with participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, and all surface conditions of the roads, trails, and sidewalks, all such risks being understood by me. Having read this waiver and knowing these facts, I hereby for myself, my heirs, executors, administration of anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge of subsidiaries, assigns, representation, or successors against Tilikum Center for Retreats and Outdoor Ministries and the Northwest Yearly Meeting.

I, (please print your name clearly) _____ grant permission to all of the foregoing to use my photograph, motion picture, recording, or any other record of this event for any legitimate purpose. I also understand that the entry fee is non-refundable.

Participant Signature _____ Date _____
 (Guardian/Parent Signature if under age 18)