5K Run/Walk, 10K Run & 1/2 Mile Kids Run Registration Form

I would like to Register for the following:

- ☐ **5K Run/Walk** ..... **$35.00 (Day of Event: $40)**
- ☐ **10K Run/Walk** ..... **$35.00 (Day of Event: $40)**
- ☐ **1/2 Mile Kids Run and/or KidsZone Play Area**..... **$5.00**
  (Childcare ages: 2– 12)
- ☐ **Fire & Law Enforcement Officers**..... **$15.00** **Fire 5K ____ 10K _____**
  Law 5K ____ 10K _____

Adult Participant Registration Section: [one form per Adult registrant]

First Name _____ Last Name _____

Phone# during event hours_____ Email: _____

Street: _____ City/State/Zip:_____

Age Category for Runner/Walker? ☐ 10-19 ☐ 20-39 ☐ 40 and older Male _____ Female _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone_____

T-Shirt Size: ___Adult X-small
___Adult Small
___Adult Medium
___Adult Large
___Adult X-Large

Children's Participant Registration Section:

First/Last Name_____ Date of Birth: _____ KidsZone ___ 1/2 Mile Run _____

First/Last Name_____ Date of Birth: _____ KidsZone ___ 1/2 Mile Run _____

First/Last Name_____ Date of Birth: _____ KidsZone ___ 1/2 Mile Run _____

Additional Registration Section:

May we add you to our Mailing List? _____ Email List? _____

You have my permission to take photos of myself and/or child that may be used for promo materials. YES____ NO____

Event Registration Waiver RELEASE: I know that running, walking and volunteering at races are potentially hazardous activities. I should not participate in activities unless I am medically able and properly trained. I agree to abide by any decision of a race official concerning my being allowed to participate in or complete this event. I assume 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, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone enlisted to act on my behalf, waive and release See Ya Later Foundation and all sponsors, and their respective directors, officers and successors from all claims or liabilities of any kind 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, and grant permission to them to use photographs, motion pictures, or other record of me in this event. **I have read and agree to Event's Release of Liability Authorization YES ___ NO ___**

Payment Section: *[Visa/Master Card/Discover]*

I want to pay by: Cash _____ Check #_____ Credit Card _____ Total Amount: $_____

Credit Card Info:

Card # _____ Exp. Date _____CCV_____

Company: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registrations can be made Online (www.SeeYaLater.org) or you can mail this form to **SYL Foundation, PO Box 1281, McMinnville, OR 97128**