

THE 2017 YREKA BREAST CANCER RUN & WALK

October 7, 2017 @ 9:00 a.m.

Name: _____ Age on race day _____ M _____ F _____

Mailing address: _____ City _____ State _____ Zip _____

Phone _____ Email _____ Walker _____ Runner _____

Emergency contact: _____ Phone: _____

This is a fun five mile course for runners and walkers. A two mile course will also be offered to walkers only. The Event will start and end at Miner Street Park in downtown Yreka. Prizes for top age group winners in the 5 mile race will be awarded. Every entry is eligible for raffle prizes. The funds raised for this Event go directly to the Fairchild Medical Center Foundation Mammography Fund. All proceeds stay right here in Siskiyou County and benefit the local men and women in our community.

Entry fee is \$30 per person. Team Discount (for teams of 4 or more): \$25 per person. Please indicate your team name _____

Race day registration available. **Register early to be sure you get your t-shirt.**

T-shirt size (circle one): XS S M L XL XXL

Refund Policy: Entry fees are non-refundable. However, if you have registered timely but are unable to participate, please contact us at 530/842-7411 to make arrangements to get your T-shirt.

******This is an important legal document, read it carefully before signing******

I know that running or walking in this Event is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and/or properly trained. I agree to abide by any decision of a race official relative as to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this Event, including, but not limited to falls, contact with other participants, the effects of weather, traffic and the conditions of the sidewalk and road; all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release any and all sponsors and the City of Yreka, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this Event.

Signature _____

(Parent/Guardian if under 18)

Checks payable to: Fairchild Medical Center Foundation

Entry forms may be mailed or delivered to Siskiyou Legal Document Services
315 S Broadway, Yreka, CA 96097 (after hours mail slot)

For more information, please contact us at 530/842-7411 or 530/340-1517
Check out our facebook page: Yreka Breast Cancer Run & Walk, <https://goo.gl/muFh4V>
You can also register online at raceroster.com