

Chehalem Challenge Registration

Please mail registration form to Chehalem Challenge, 23185 SW Jaquith Road, Newberg OR 97132

____ Half Marathon Enclose \$55 if mailing prior to August 15, 2014 \$65 after August 15, 2014

____ 5K Enclose \$40 if mailing prior to August 15, 2014 \$50 after August 15, 2014

____ Tot Trot Enclose \$10

First, Middle and Last Name:

Gender: M F

Birthdate: Age on race day:

Email address:

Day Phone:

Address, City, State, Zip:

How did you hear about the Chehalem Challenge?

Are you a parent of a child with special needs?

T-Shirt size: XXL XL L M S XS

Please read waivers carefully. They include releases of liability and waiver of legal rights and deprive you of the ability to sue certain parties. Do not agree to these documents unless you have read and understood it in its entirety. By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the registration process. You also understand and agree that events carry certain inherent dangers and risks which may or may not be readily foreseeable, including without limitation personal injury, property damage or death. Your ability to participate in the event(s) is/are subject to your agreement to the waivers and by agreeing herein, you accept and agree to the terms of the waiver and release agreements.

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

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 Chehalem Mountain Therapy Riding Center Inc and all associates, and all sponsors, and their respective directors, officers and successors, and Washington County, 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.

1. Authority to Register and/or to Act as Agent. You represent and warrant that you have full legal authority to complete this event registration on behalf of yourself and/or any party you are registering (the "Registered Parties"), including full authority to make use of the credit or debit card to which registration fees will be charged.
2. If you are registering a child under the age of 18 or an incapacitated adult you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties. By registering a child under 13, you agree and consent to the collection of that child's information which you provide for the purposes of registration.
2. Waiver. YOU UNDERSTAND THAT PARTICIPATION IN THE EVENT IS POTENTIALLY HAZARDOUS, AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES

WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY RANGING FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH. YOU UNDERSTAND AND AGREE THAT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE EVENT, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE ACTIVE FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE EVENT BY YOU OR ANY REGISTERED PARTY.

3. Indemnification. You agree to indemnify and hold harmless Chehalem Mountain Therapy Riding Center INC and all associates, and all sponsors, and their respective directors, officers and successors, and Washington County, from and against any and all damages, costs, claims or demands, including reasonable attorneys' fees, made by any third party due to or arising from or relating to your participation in the event or the violation of any term of this Agreement and Waiver.

4. Severability. You further expressly agree that this Agreement and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any provision of this Agreement and Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and Waiver and shall not affect the validity and enforceability of any remaining provisions.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW

Signature and Date: _____

If registering a minor: This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the releases, and for myself, my heirs assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liability incidents to my minor child's involvement or participation in this event.

Signature and Date: _____

You must be over 18 years of age OR the parent/legal guardian of a minor under 18 years of age OR the legal guardian of an incapacitated and/or mentally challenged person in order to agree to the text above.

____ I agree to the above waivers. Date of Birth: _____