

MAIL IN REGISTRATION FORM



PLEASE NOTE: Mail in registration forms need to be postmarked no later than June 4, 2015.

Please make checks payable to FCCA. Please mail completed registration form and check to:
Fall City Day Run P.O. Box 935, Fall City, WA 98024

For more information please visit our website at <http://www.fallcity.org/run.html>

26th Annual Fall City Days Run

USATF Certified and Sanctioned Course. Be prepared for personal best on this very flat and fast course through beautiful country setting. Chip Timed (Chips must be returned at end of race). Remember to stick around after the race and enjoy the festivities at Fall City Days!

Location Information

Downtown Fall City @ Olive Taylor Quigley Park 33521 SE Redmond-Fall City Road Fall City, WA 98024. Race starts at 9:00 AM.

Race T-Shirts

Pre-registered participants who select the t-shirt option and participants in the Kids Run who mail in registration forms post-marked no later than June 4, 2015 will be guaranteed t-shirts. A limited number of cotton t-shirts may be available the day of race but are not guaranteed. PLEASE CHOOSE YOUR SIZE CAREFULLY AS WE WILL NOT BE ALLOWING SIZE CHANGES AT PICK UP.

Sales Tax Exemption

As a 501(c)(3) non-profit organization, the Fall City Days Run fundraising event for local schools and community groups is exempt from collecting sales tax on its race entry fees.

Waiver and Release

I know that participating in Fall City Days Run, a race, is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race organizer/volunteer relative to my ability to safely compete in/complete the event. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants and or strollers, the effects of weather, traffic, and the conditions of the course. No dogs except service dogs allowed on race course. Having read this waiver, knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, or for anyone whom I am registering, waive and release the WSDOT, King County, Rogue Multi-Sport, LLC, USATF, Fall City Community Association, Fall City Metropolitan Parks District, Snoqualmie Valley School District, race officials and volunteers, all sponsors and vendors, and any such successor of the aforementioned from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on my part. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, race results and other record of this event for any legitimate purpose. I understand there are no refunds or transfers. I agree to these terms .

Signature: _____ Date: _____

Please choose one: 5K (w/ tech shirt) \$30.00 5K (w/ cotton shirt) \$25.00 5K (no shirt) \$20.00 10k (w/ tech shirt) \$35.00
 10k (w/ cotton shirt) \$30.00 10k (no shirt) \$25.00 Kids 1k (w/cotton shirt) \$10.00

Shirt Size: Adult S Adult M Adult L Adult XL Adult XXL Youth S Youth M Youth L None

Please select: Male Female

First Name: _____ Last Name: _____ Date of Birth: _____ (mm/dd/yyyy)

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

Email Address: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Are you affiliated with a Snoqualmie Valley School: Cascade View Elementary Fall City Elementary North Bend Elementary
 Opstad Elementary Snoqualmie Elementary Chief Kanim Middle School Twin Falls Middle School Mt. Si High School
 Two Rivers School Snoqualmie Valley Virtual Academy Snoqualmie Valley Parent Partner Program No Affiliation