

OTC RUNNING SERIES ENTRY FORM

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

BIB #  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX:  Male  Female AGE ON RACE DAY: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ OTC MEMBER?  YES  NOT YET

EMAIL: \_\_\_\_\_

EVENT ENTERING:  5K Run  10K Run

**MANDATORY WAIVER (Please read and sign below)** I know that a road race/walk or wheelchair event is a potentially hazardous activity. I should not enter and participate in this event unless I am medically able and properly trained and have sufficient stamina to safely and successfully complete this event without harm or injury to myself. In consideration of the acceptance of my entry, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims for damages against the OTC Running Series race directors and designated race officials, Oregon Track Club, Eclectic Edge Events, LLC, City Of Eugene, Eugene Running Company, and all other participating sponsors, agents and employees of such parties for all claims of damages, demands, actions, whatsoever in any manner arising from my participation in this event. I grant permission to all of the foregoing the use of any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Signature (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_