



5K•10K•2M Run-Walk

USATF Certified Course

Saturday, February 25
La Conner, Washington

Registration at 7:30-8:45 a.m.
5K•10K•2M at 9:00 a.m.

Register Online:
www.active.com or
www.skagitvalleyrunning.com

Last Name: _____ First: _____ Email: _____

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

Home Phone: (____) _____ Work Phone: (____) _____

RUN/WALK CHOICE: ☐ 5 K Run

☐ 10 K Run ☐ 2 Mile Fun Run-Walk (Non-competitive)

SEX: ☐ Male ☐ Female

AGE: ☐ 10 & under ☐ 11 - 14 ☐ 15 - 18 ☐ 19 - 24 ☐ 25 - 29

☐ 30 - 34 ☐ 35 - 39 ☐ 40 - 44 ☐ 45 - 49 ☐ 50 - 54

☐ 55 - 59 ☐ 60 - 64 ☐ 65 & over

I assume all risks and hazards of the conduct of the program, recognizing the hazards attendant to any road running event. In case of injury or damages, I do hereby release and hold harmless the City of La Conner, its elected and appointed officials and employees, La Conner Rotary, Skagit County, and La Conner School District, the organizers, sponsors, supervisors, or any volunteer connected with the program from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the program. I agree to abide by any decision of an appointed medical official relative to my ability to complete the run. In the absence of signature, payment of fees and participation in the program shall constitute acceptance set forth in the release.

I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any Smelt Run informational or promotional use.

Date _____ Signature of Participant (Parent/Guardian, if minor)

REGISTRATION

___ 5 K Run (age 8+) \$30.00

___ 10 K Run (age 8+) \$30.00

___ 2 Mile Run-Walk \$30.00

Up to 4 family members, Age 14 & Under FREE.
Dogs on leash welcome.
Kid Dash, 2-10 years old Free!

(One form per member)

LONG-SLEEVE TECH SHIRT

Adult Sizes ☐ Med. ☐ Lg. ☐ XLg.

Event Long-Sleeve Tech-Shirt (100% Poly)
(Limited quantity day of race)

___ x \$15.00 ea. = \$ _____

GRAND TOTAL

\$

CREDIT CARDS

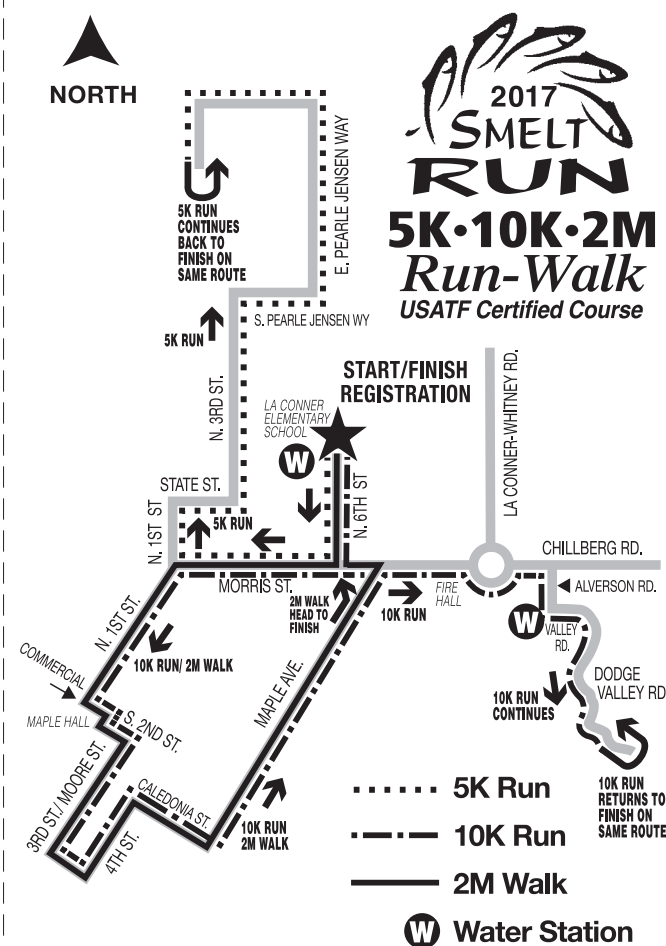
CHECK ONE

☐ VISA

☐ Mastercard

Exp. Date _____ VISA or MASTERCARD Number _____

Signature of Cardholder _____



A SPECIAL THANKS TO OUR SPONSORS!

La Conner Medical Clinic
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As of 12/31/16

Rotary
Club of La Conner



Clip and return registration form & fee.

Checks Payable to: La Conner Rotary, PO Box 2111, La Conner, WA 98257