

ANNUAL RUN TO THE ROGUE

Registration Form September 8th, 9th, 10th 2017

Name		Age
Mailing Address		
Phone	Message	Work
e-mail		
I would like to participate in the	following activities	s for Run to the Rogue:
Walk/Run Participant	Dates	Area:
All participants will receive a Ru	n to the Rogue T-sh	nirt. Please indicate size needed:
 other participants, the effects conditions of the road. I understand the nature of the physical condition to participa I agree to abide by any decisi I assume all risks associated visue the Confederated Tribes liability, claims, losses or damwaiver of liability, assumption against CTSI or its agents, I vexpenses, attorney fees, loss 	e activity and represente in such Activity. on of Run to the Rowith participation, a of Siletz Indians (Conages on my account of risk, and indemrall INDEMNIFY, st., liability, damage, of the control of	,
	y and without any ir	ns, understand that I have given up substantial rights by inducement or assurance of any nature and intend it to be
Signature		Date
Parent/Guardian Signature if und	der 18 vears	Date

Please call the following, if you have any questions: 1-800-922-1399, Buddy Lane or 541 444-8230; 541 444-8230; Alissa Lane, 541 444-8373; Return all forms to CTSI Admin Building <u>OR</u> mail to CTSI, Run to the Rogue, PO Box 549, Siletz, OR 97380