



1-mile, 5K and 10K fun run

Walla Walla Walks Against Drunk Driving

Saturday, September 12, 2015

Registration Opens at 8:00 am

(WWCC west parking lot by creek & baseball fields)

Kick off Celebration – 9:00 am

Mill Creek Recreation Trail - WWCC

2015 shirt design



Pre-event registration

1-mile walk - \$5

5k walk / run - \$10

10k walk/run - \$15

Event Shirt - \$15

Special Student rate - \$5 any race

Event Day Registration

1-mile walk - \$10

5k run / walk - \$15

10k run / walk - \$20

Event Shirt - \$25 (delivered after race)

ADDITIONAL REGISTRATION FORMS AVAILABLE AT www.wwacw.com

WW WALKS AGAINST DRUNK DRIVING 2015 Entry Form

Name _____

Address _____

City/State/Zip _____

1 – mile 5K 10K T-shirt

Phone _____ Email _____

Enclosed (see costs above): \$ _____ Shirt Size _____

Checks or money order to: **WW Area Crime Watch**

Mail to: Traffic Safety Task Force
c/o 54 E. Moore St.
Walla Walla, WA 99362

Questions? nwalters@co.walla-walla.wa.us (509) 524-4425

RELEASE: In consideration of your acceptance of this race entry, I, for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I have against Walla Walla County, WW Area Crime Watch, the City of Walla Walla, the Mill Creek Flood Control Zone District, the Unites States, the United States Army Corps of Engineer and any and all participating race sponsors, and the directors, officers, employees and agents of such parties, for any and all injuries or death in any manner arising or resulting from my participation in said race. I attest and verify that I have full knowledge of the risks involved in the race, that I will assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or incapacity, regardless of whether I have authorized such expense, and that I am physically fit and sufficiently trained to participate in this race.

**Required Signature of Participant
(or parent/guardian if under 18 years of age)**

Signature _____

Date: _____ Age _____

ONE FORM PER PERSON PLEASE