

Mail or return registration form to: City of Hoquiam, 609 8th St. Hoquiam, WA 98550 For info contact twood@cityofhoquiam.com 360-538-3970

Phone: ()_____

NAME: ___

Email: _____

Address:										MALE	E FEN	IALE (C	ircle One)
	With T-Shir	Adult T-S	M	L X	XL 2XL		NO Shirt \$5.00						
RACE	10K 5K 2 (circle one	M Run	2M Walk	AGE	12-Under	13-19	9 2	0-29	30-39	40-49 (circle o	50-59 one)	60-69	70+
REGISTRATION FORM/WAIVER FOR PARTICIPATION: I hereby, for myself, my organization, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Hoquiam or any organization in whose buildings or grounds this activity is being held, and any instructors or persons of the City departments for injuries received during my participation in any activity sponsored by the Hoquiam Community Services Department or the City of Hoquiam.													
	Participant D) Date	Guar	dian or Pa	rent Signat	ure				Signatu	re (if und	er 18 yea	rs of age)