

Manual Registration



Please submit a separate form for each participant

2019 Chelan Chase Saturday, October 19, 2019

Name		
First	Middle	Last

Birthdate			Gender		e-mail
Year	Month	Day	Male	Female	

Home Phone		Mobile Phone		
()		()		

Address			
Street	City	ZIP Code	State

Category					
Single Adult > 19		Master >60		Student 9 to 18	
	\$35		\$30		\$15

T-Shirt Size				
Sm	M	L	XL	XXL

Waiver

Photographic and Results Release: I give my full consent and permission to the Chelan Chase and Lake Chelan Rotary, its sponsors and donors, the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes or other recordings of me or my minor children that are made during the course of this event, the Chelan Chase, and the results of my or my minor children's participation (name, participant number, race time, division status) in this event, the Chelan Chase.

Liability Release. In consideration of acceptance of this entry and intending to be legally bound, I hereby for myself, heirs, executors, and administrators waive, release, and discharge any and all rights and claims to damages which may have or which may hereafter accrue to me against Lake Chelan Rotary, the Chelan Chase, Lake Chelan Community Hospital and Clinics, Wellness Place, other sponsors of this run, or respective offices, agents, representatives, successors, and/or assigns for myself in connection with my entry and/or travel to, participating in, and returning from the run, October 20, 2018. Applications by minors are accepted only with parents or guardians signature. The undersigned parent or guardian in addition to afore-stated release and waiver, also agrees to personally supervise said minor and accepts I have read both the photographic and liability release statements, I understand them, and my signature confirms my acceptance.

Signature: _____ Date: _____

Mail to: 2019 Chelan Chase, Lake Chelan Rotary, PO Box 601, Chelan, WA 98816