

Scandia Run Entry Form - Saturday, August 10 ,2024, 8:00 am
Please make checks payable to VSAC and return completed form with payment to:
VSAC, P.O. Box 336, Junction City, OR 97448 (mail in registration must be postmarked by Aug. 1)

Name: First: _____ Last: _____

Address: _____ City: ____ State: ___ Zip Code: ____

Gender (circle one):	Male	F	emale	А	ge on Race Da	y:			
Email:									
Emergency Contact on Race Day: Name:					Phor	Phone#:			
Please circle if applica	ible: Wheelc	hair Racer	Team Racer	Team Na	me				
Select Event (circle o	one): 10K Sc	andia Run	5k Scan	dia Run	4 Mile Sca	ndia Walk	Scandia	Jr. 400 m	
Entry fee (circle one)	: Color T-Shirt \$35 (before May 1, 2024); or				\$40	\$40			
	Without T-Shirt \$20 (before May 1, 2024); or				\$25	\$25			
	10K and 5K Child 1 and under (includes Kid's T-Shirt) \$10 (before May 1, 2024); or \$15								
Scandia Junior 400 m run (includes Kid's T-Shirt) \$10 (before May 1,2024); or \$15								\$15	
Shirt size (circle one)	: Youth:	YS	YM	YL					
	Men:	Small	Medium	Large	X-Large	2XL (add\$3)	3XL(a	dd\$3)	
	Women:	Small	Medium	Large	X-Large				
Waiver (must be sign	ed to accept	t entry)							
I understand that participa 400m unless I am medical I assume all risks associa weather including high I consideration of acceptin volunteers, The Valley So any kind arising out of my p part of the persons name record of this event for any	ly able and prop ted with partici neat, medical g my entry, I, 1 uth Athletic Clu articipation in the d in this waiver	perly trained. I a pating in this e emergencies, for myself and b, RRCA, all sp ne Scandia Rui . I grant permis	agree to abide be event including and unforesed anyone entitle consors, Junctions or Walks, eve	by any decision but not limite en circumsta ed to act on non City, and the en though said	n of race officials n d to; falls, contact nces. Having re ny behalf waive a eir representative d liability may arise	elative to my ability t with other particip ad this waiver, k and release, the ra as and successors, e out of my own neg	to safely compounts or traffi nowing thes ace director, from all claim gligence or ne	plete the event. c, the effects of e risks, and in race staff, race as or liabilities of egligence on the	
Signature:				_ Date:					
Signature of parent or guardian (if under 18 on race day):						Date:			