



Community Fun
BE INVOLVED IN A GREAT CAUSE



Be a partner in our
2nd Annual
Rogue Valley veteRUN!

We are a 5K fun run founded with the mission of assisting veterans with mental health services and living resources both locally and nationwide!

We are excited to watch Southern Oregon residents unite to support this wonderful cause!

To maximize your exposure, sponsorships should be received by September 21st. roguevalleyveterun.org

**Support a Great Cause
Be a Sponsor Now!**

Come together and unite to show your Support. Walk, Run or Volunteer! Let's all have a great time for a great cause.

For Sponsorship Information, Visit:

roguevalleyveterun.org

Visit us on Facebook

@roguevalleyveterun

or contact Terry Haines
veteran89@msn.com

Rogue Chapter #1260 NCOA
P.O. Box 5597, Central Point, OR 97502

The Non-Commissioned Officers Association was founded in 1960 in San Antonio, Texas by a group of retired non-commissioned and petty officers seeking to create a patriotic, fraternal, and benevolent Association.



October 13, 2018

Runner / Team Registration



**Fun RUN
to
Benefit Veterans.**

SCHEDULE OF EVENTS

October 13th

- 7:15 am Parking through Gate 5, at The Expo
- 7:15 am **Check In**
- 8:00 am Opening Ceremony
- 8:15 am RUN Begins

ACTIVITIES

- **Information on our chosen Recipients**

Honor Flight of Oregon
WhiteHeart , and
Mighty Oaks Warrior Programs

- **5K Family-Friendly Run or Walk**

on the Expo Greenway

- **Raffle**

- **Souvenir T-Shirt**

for registered participants

- **Water throughout and Refreshments**

for runners after the Run.

Want to help even more?

Let us know if you would like to volunteer before the event or donate additional funds, items or services towards the run. Please email veteran89@msn.com

ROGUE VALLEY **veter**RUN

Runner Registration

Payment Option 1: Register and pay ONLINE at: roguevalleyveterun.org

Payment Option 2: Complete this form and return it with payment before **October 6th, 2018**

Checks made payable to Rogue Chapter #1260 NCOA.

Mail to: Rogue Chapter #1260 NCOA, PO Box 5597, Central Point, OR 97502

Name: _____ Team Captain (If more than one Person): _____

Phone: _____ Email: _____

Participants – each Runner must print name and sign to accept Runner and Photo Release Agreement - see below.

T-Shirt Sizes S, M, L,XL,XXL XXXL

T-Shirt

Print additional forms as needed

Size

1. PRINT	SIGNATURE	
2. PRINT	SIGNATURE	
3. PRINT	SIGNATURE	
4. PRINT	SIGNATURE	
5. PRINT	SIGNATURE	
6. PRINT	SIGNATURE	
7. PRINT	SIGNATURE	
8. PRINT	SIGNATURE	
9. PRINT	SIGNATURE	
10. PRINT	SIGNATURE	

A SOUVENIR T-Shirt is included FOR EACH REGISTERED Runner.

Race Registration **prior to October 6th** is \$25 each. **Day of Event** is \$35 each.

Runner Release Agreement — In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Photo/Video Release - Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.