

OLE'S ASSAULT - 2009 REGISTRATION FORM: MAIL-IN

Official Use

IF POSSIBLE, SUBMIT **TEAM** ENTRIES TOGETHER. ONE FORM MUST BE FILLED OUT FOR EACH MEMBER. TEAMS ARE OPTIONAL! THREE PEOPLE SCORE FOR A TEAM... BUT TEAMS CAN HAVE AS MANY MEMBERS AS THEY WANT. TOP 3 SCORE. CUMULATIVE TIME. THREE DIVISIONS: MEN, WOMEN, MIXED.

FEES:

Mail-in:

\$40 - EARLY ENTRY. MUST BE RECEIVED BY SEPTEMBER 10th.

** SPECIAL: PUBLIC SERVANTS including MILITARY, FIRE, POLICE, ETC. and TEACHERS AND STUDENTS: **\$20**

T-Shirts are an additional \$15.

ENTRY FEE INCLUDES FINISHERS DOG TAG, AND POST EVENT SALMON BAKE AND FEAST... WITH BEVERAGES. IT ALSO INCLUDES THE EPIC COURSE.

ENTRY FORM

Name(s)	<input type="text"/>	Birthdate	<input type="text"/>	Age on Race Day	<input type="text"/>	
Address	<input type="text"/>	Phone	<input type="text"/>			
City	<input type="text"/>	E-Mail	<input type="text"/>			
State	<input type="text"/>	Zip	<input type="text"/>			
T-SHIRT:	M <input type="checkbox"/>	L <input type="checkbox"/>	X <input type="checkbox"/>	ADD \$15		
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	TEAM NAME	<input type="text"/>		
Optional	Clydes 200 lbs+ <input type="checkbox"/>	Athena 145 lbs+ <input type="checkbox"/>	TEAM DIVISION:	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>	MIXED <input type="checkbox"/>
			PUBLIC SERVANT?	<input type="text"/>		
			WHICH BRANCH/LOCATION	<input type="text"/>		
				[] Cash [] Check		

Have a story? Something we should know? Tell us:

Divisions
Where Applicable
[] ASSAULT
\$20 - Public Servant/Military/STUDENT
\$40 - ADVANCE
\$45 - Day of Race
\$15 - T-Shirt

AMOUNT ENCLOSED

Waiver Statement: In consideration of the acceptance of my entry, I intending to be legally bound, do hereby for myself and my heirs, executors, and administrators waive and release any and all rights and claims for damages and cases of suit or action, known or unknown, that I have against X-Dog Inc., the properties through which the course is routed, and all participating race sponsors, directors, officers, employees, volunteers and agents for any and all injuries resulting from my participation in the X-Dog Event(s) to be held. I attest that I am physically fit and have sufficiently trained for this event, my physical condition verified by a licensed M.D. during the last six months. I also grant my permission for a doctor and/or nurse to take remedial action in case of an emergency. I attest and verify that I have full knowledge of the risks involved in a race, and that I assume all expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

CONTACT INFORMATION
Phone: 971-223-2825
E-Mail: kevin@xdogevents.com
Website: www.xdogevents.com
ENTRIES to: X-Dog
Mail to: PO Box 1487
Lake Oswego, OR 97035

Signature - Parent or Guardian if under 18
Date