

Registration Form

(One form per registrant. Photocopies are welcome.)

Name: _____ Age: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____
Email: _____

Please Select an event:

_____ 10k run - 9:00 am I'm walking/running to remember:
_____ 5k walk - 9:10 am
_____ 5k run - 9:30 am _____

Registration Fees:

\$25 for all events, if registered by Friday, June 25. \$35 on race day. (Ages 6 & under FREE!)

Credit Card # _____ Expiration Date: _____

Please make checks payable to "City of Sandy."

Deadline for online registration 6/23 @5pm

Liability Waiver and Photo/Video Release

With my signature below, I agree to indemnify and hold harmless the participating members and sponsors, including employees of the City of Sandy and all other persons, against loss or expense, including attorney's fees by the reason of bodily injury, property damage or personal injury arising out of the negligent or intentional conduct of myself or my family members involved in Noah's Quest. Furthermore, I/my child agree to participate in any photographs or video taken for publicity purposes. I/we understand participation is entirely voluntary and will involve moderate to heavy physical activity. I/we also understand that there are risks of accidents from participation that can result in injury. To my knowledge, participant/child is not affected by a physical condition or disability that would prohibit him/her from safely participating in this activity.

Signature of Participant/Parent _____

Donations: would you like to make a donation...

\$ _____ in memory of _____

\$ _____ in honor of _____

If you would like an acknowledgment letter sent please indicate name and address below.

Do you need a receipt for your records? Y / N Please make checks payable to "City of Sandy."

If you'd like to help in another way...

Noah's Quest Pledge Form

Help raise money for Maternal Fetal Medicine at Emanuel Hospital & Brief Encounters support group by collecting extra donations. Pledges need to be submitted with the form to the Sandy Community Center (38348 Pioneer Blvd., Sandy, OR 97055) by 9:00am on Friday, June 25. **Online registration: www.cityofsandy.com**

Donor Names

1. _____
2. _____
3. _____
4. _____
5. _____

Amount

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Contact Information

Phone: 503-668-5569
Fax: 503-668-5891
Email: noahsquest@verizon.net
Website: noahsquest.org

Total Amount Collected:

\$ _____