



Saturday, February 27, 2016 @ 9:00

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Suggested Donation for Entry Fee: \$5.00

In consideration of the acceptance of my entry, I do hereby release and discharge any and all claims against Columbia County Health System, Columbia County Public Health, Coalition for Youth & Families, City of Dayton, officials or sponsors of the HEART & SOLE 5K Fun Run/Walk 2016, together with all their officers, agents, and employees for any and all claims of liability. I understand there are certain dangers associated with any such athletic event and I certify that I am physically able to participate in this event.

\_\_\_\_\_  
Signature of applicant or Parent / guardian if under 18

Date: \_\_\_\_\_

Mail applications and if making donation by check please make checks payable to:

CCHS

Attn: Columbia County Wellness Project

1012 S. 3rd Street

Dayton, WA 99328

## Columbia County Wellness Project

Sponsored by:



Columbia County Public Health

