

RUN THE VALLEY REGISTRATION FORM

Completed entry form and check payable to Golden Valley Human Services Fund must be received by April 15 (3 pm).

GVHSF

**c/o Golden Valley Park & Recreation
200 Brookview Parkway S
Golden Valley, MN 55426**

Name: _____

Address: _____

City: _____ **State:** _____

ZIP: _____ **Day Phone:** _____

Email: _____

Age on Race Day: _____ **Date Of Birth:** _____

VISA/Mastercard #: _____

Exp Date: _____ **Sec Code:** _____

Amount Enclosed: _____

Signature _____

Male Female

Preferred* Moisture Wick Shirt Size: S M L XL

**Shirt size guaranteed if registered by March 1.*

Event:

0.2K Kids Fun Run 5K Run 5K Walk 10K Race

Release Form

I am entering this event at my own risk and assume all risk and responsibility for injuries I may incur as a direct or indirect result of my participation in this event. I for myself and my heirs and executors, also agree to hold neither the City of Golden Valley nor any participating sponsor, nor supporter nor the directors, employees, or agents of such parties, responsible for any such injury or damage suffered. I verify that I have full knowledge of the risks involved with this event, and that I am physically fit and sufficiently trained to participate in it.

Signature of runner/walker

Signature of parent or guardian if racer is under 18

Questions? Call 763-512-2345