



FAIRWAYS & FIREWORKS Fore on the 4th FUN RUN!

TUESDAY, JULY 4, 2017

REGISTRATION FORM

LAST NAME:		FIRST NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:	PHONE:		
	Adult shirt size: S M L XL XXL		

To Register:

Please enclose:

- 1) \$20 fee per adult runner; \$10 per runner 17 & under
- 2) Completed Registration Form
- 3) Signed Participation Waiver

Drop off or mail to Pro Shop:

Tumwater Valley Golf Club
Attn: Tyler Trimble
4611 Tumwater Valley Drive SE
Tumwater, WA 98501

Make checks payable to:

Tumwater Valley Golf Club

Registration Deadline:
Friday, June 30 at 5:00pm

Things to remember:

- Registration deadline for custom Dri-Fit shirt is June 19 at 5:00pm.
- Check-in begins at 8:00am and closes at 8:45am.
- All runners must be off the course by 11:00am on July 4, 2017.
- Wear your best patriotic outfit and compete for a prize!
- No dogs allowed on golf course.
- Proceeds benefit our Junior First Tee Scholarship Program.



The River's Edge Restaurant will be open for a special \$11.99 Fore on the 4th Breakfast Buffet immediately following the run. \$11.99 payable to River's Edge.

SEE YOU ON THE FAIRWAYS ON THE 4TH!

TUMWATER VALLEY GOLF CLUB
4611 TUMWATER VALLEY DR SE TUMWATER, WA 98501

WWW.TUMWATERVALLEYGC.COM
(360) 943-9500



Participant Waiver and Release

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I am fully aware of the risk inherent in this activity, including physical injury, damage to my property, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in this activity, I assume all risk of injury, damage and liability. I agree to defend, indemnify and hold harmless the City of Tumwater and its officials, employees and agents from any claim or lawsuit for injury, illness, damage or other loss incurred during the period covered by this activity.

I consent to my child's participation in the activity/program of the Parks & Recreation Department and authorize the City of Tumwater and its employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition that would interfere with his/her participation.

I give my permission to have my photo, or photo of my child or children, taken during the classes and activities to be used for publicity purposes by the Parks and Recreation Department.

Name of Participant: _____ Birthdate (if minor): _____

Name of Parent/Legal Guardian: **PRINT** _____

Signature: _____ Date: _____