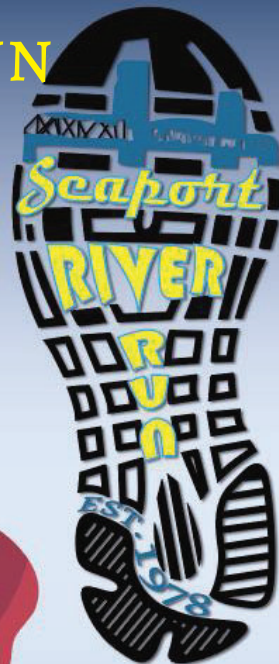




43RD ANNUAL SEAPORT RIVER RUN THE VIRTUAL YEAR



RACE REGISTRATION: FEB. 7TH- APR. 9TH

PACKET/ T-SHIRT PICKUP: APR. 15-16

@ LEWISTON COMMUNITY CENTER

RACE TIME ENTRY: APR. 17TH- 25TH

Registration Online @ www.raceentry.com

Beneficiary for 2021
LCV YoungLife



****Notice: Registration can be done via online through raceentry.com, mail-in, or walk-in at the Lewiston Community Center.**
****Any runners wanting times posted must provide picture of GPS proof of race distance and time. All times must be entered via raceentry.com**

Participants Name: _____ Age: _____ Bid #: _____
Phone: _____ Email: _____ Male: Female:
Street Address: _____ City/State: _____

Shirt Size (all shirts are pre-shrunk) _____
Child: Medium: Large: Adult: Small: Medium: Large: XL: 2X:

Race Distance: 3.1 Miles (5K): 6.2 Miles (10K): Wheel Chair Entrant: *Race Time Entry:

*To be eligible for top 10 per age group times must be entered via raceentry.com with picture verification of route and time

Entry Fee _____

Feb.7th-April 9th (no late registration): No T-shirt, \$15: T-shirt, \$20: Dry-Fit T-shirt, \$25:

Payment Method (if mailing) Receipt #: _____ Total Due: _____
 Check (make payable to City of Lewiston)
 Credit Card: Visa: MC: Discover: (please do NOT mail in CC information. Call office)

In consideration of the acceptance of my entry, I do hereby, for myself, my heirs, executors and administrators waive, release, and forever discharge any and all rights and claims for damages which I may have or which after accrue to me against the Lewiston Morning Tribune, Lewiston Parks and Recreation, Artbeat, McVey Entertainment Group, the states of Washington and Idaho, or its officers, agents, representatives, successors, and/or assigns for any loss or damages which may be sustained and suffered by me in connection with my said association with or entry and/or arising out of my travel to, participating in and returning from said athletic meet. I have read the above statement. I understand it, and my signature confirms its full acceptance.

Signature: _____ Date: _____

Please fill out and return this form with payment to
Lewiston Parks & Recreation - PO Box 617 (mail) - 1424 Main St. (inperson) - Lewiston, ID 83501
PH: 208-746-2313 - Fax: 208-746-9110 - www.cityoflewiston.org/parksandrec

The City of Lewiston will make all reasonable modifications to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures should make a request as soon as possible, but no later than 48 hours before the scheduled event by contacting the City of Lewiston.