



**RUN THE WINE COUNTRY!**

**www.RunTheWineCountry.org**

**(707) 893-RUN1**

**info@RunTheWineCountry.org**

Mail form and check made payable to **Kiwanis of Cloverdale Foundation** to **PO Box 367, Cloverdale, CA 95425**

The Foundation is a 501(c)(3) non-profit charitable organization. **Donations are tax-deductible as permitted by law.**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on race day \_\_\_\_\_ Gender: ☐ M ☐ F

Shirt Type ☐ Men's ☐ Women's

Shirt Size ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large

Your Event ☐ Marathon ☐ Half-Marathon ☐ 10K

<b>Register Early!</b>	<b>Marathon 26.2 miles</b>	<b>Half-Marathon 13.1 miles</b>
By July 15	\$100	\$70
July 16 – August 15	\$110	\$80
August 16 – September 30	\$120	\$90
October 1 – Race Day	\$130	\$100

<b>Age Group</b>	<b>Timed 10K 6.2 miles</b>
Child under 5	free
Child 5 – 16	\$25
Adult 17+	\$40

**New – 5+ miles of each race are run *in* the vineyards!**

**All Participants**

- Technical shirt
- Delicious post-race meal
- Awards for top finishers

**Half and Full Marathons**

- Finishers receive beautiful color logo medallions
- Beer and wine

Entry Fee	
Additional post-race meals – All runners eat free! Just \$7.50 for guests.	
Total	

Cancellations received in writing by August 18 will receive a 75% refund, and by September 18 a 50% refund. No other refunds will be given.

Waiver: In consideration of your acceptance of this event entry, I, for myself, my heirs, executors, administrators, and assigns, forever waive, release, and discharge any and all rights, demands, claims for damages, and causes of suit or action, known or unknown, that I may have against the Kiwanis Club of Cloverdale Foundation, Kiwanis Club of Cloverdale, Treasury Wine Estates, E. & J. Gallo Winery, City of Cloverdale, County of Sonoma, State of California, and any and all race contributors, sponsors, or supporters, and the directors, officers, employees, and agents of such parties for any and all injuries in any manner arising or resulting from my participation in said event. I attest and verify that I have full knowledge of the risks involved in this event, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this event. I grant permission to any and all of the foregoing the free use of my name, voice, and/or likeness in any broadcast, advertising, and/or promotional release related to this event or future events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature of participant, or parent or guardian if participant is under 18 years of age on race day)