



# TEAM REGISTRATION PACKET

Jan Harris, Team Participation Chair 541-963-0228

## FROM THE CHAIR...

September 25, 2010, at 10 am we will kick off our 13th Annual Drug Free Relay! 13 years of taking a community stand against drugs, alcohol, and tobacco.

It is time now to start forming your team or getting on someone's team.

Why start now? If you register by September 10th, you only have to pay \$325, rather than the full \$350 registration fee.

Within this packet you will find all the information you need to register your team.

We look forward to seeing you at the Relay!

Thank you,

Jan Harris  
Team Recruitment Chair  
963-0228

## WHAT IS THE DRUG FREE RELAY?

We are a fundraising organization that brings diverse individuals together annually in a chemical-free environment to promote a drug-free lifestyle.

**Teams of ten participants take turns traveling continuously around the La Grande High School track, passing their batons at the end of each mile or turn. The teams remain in constant motion for 12 hours.**

## WHAT IS THE POINT?

Most people enjoy testing their own limits and thrill to the camaraderie of endurance teamwork. **We strengthen our community as we come together annually to take a united stand against drug use.**

## 2009 STATISTICS:

Total Miles/Laps Recorded: **3,484 Laps - 871 Miles**

2009 Team with Most Miles/Laps:  
**Union Co Sheriff 287 Laps, 71.75 Miles**

2009 2nd Place Team for Miles/Laps:  
**Vibrant Volleyballers 236 Laps, 59 Miles**

All Time Record: Set in 2006:  
**LHS- Boys Varsity Soccer 451 Laps, 112.75 Miles**

Previous Record: Set in 2005:  
**EOU Cross Country Team 400 Laps, 100 Miles**

## Registration Checklist:

- Call the Team Participate Chair to let us know you intend to register. (Even if you don't have your team yet)  
Jan Harris (541) 963-0228
- Complete the Team Information Form, Or Email the information to: [teams@drugfreerelay.org](mailto:teams@drugfreerelay.org)
- Complete the Team Roster, Or Email the information to: [teams@drugfreerelay.org](mailto:teams@drugfreerelay.org)
- Each Member of the Team must have a Signed Waiver, Parent's must sign for any underage member.  
Turn into the Relay when completed, no later than 9am Saturday, Sept. 25th.



TEAM REGISTRATION PACKET  
TEAM INFORMATION

Submit this information as soon as you begin forming a team:  
The info can be submitted via email: [teams@drugfreerelay.org](mailto:teams@drugfreerelay.org)  
Or Call, Jan Harris at 541-963-0228

**Team Name:** \_\_\_\_\_

**Group Representing:** \_\_\_\_\_  
(ie Soccer Team, ODS, etc.)

**Main Sponsor:** \_\_\_\_\_

**Captain's Name:** \_\_\_\_\_

**Captain's Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Submit this information NO LATER THAN SEPTEMBER 20TH  
The info can be submitted via email: [teams@drugfreerelay.org](mailto:teams@drugfreerelay.org)  
Or Call, Jan Harris at 541-963-0228

A BRIEF DESCRIPTION OF YOUR TEAM OR DEFINITION OF WHO YOU ARE:  
(THIS INFORMATION WILL BE PRINTED IN THE EVENT PROGRAM)

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

13TH ANNUAL DRUG FREE RELAY, SEPTEMBER 25, 2010  
LA GRANDE HIGH SCHOOL TRACK, 10 AM - 10 PM





TEAM REGISTRATION PACKET  
TEAM ROSTER

EACH TEAM MUST HAVE AT LEAST 2 ADULT MEMBERS (21 YEARS +)

**Submit this information as soon as you can, it can be updated at later date: (No Later than 9am Sept 25th)**  
**The info can be submitted via email: [teams@drugfreerelay.org](mailto:teams@drugfreerelay.org)**  
**Or Call, Jan Harris at 541-963-0228**

**Team Name:** \_\_\_\_\_

Enter each participant's information. If a participant will be *replaced* by another individual (i.e. Member 1 runs from 10am to 3pm and his alternate runs from 3pm to 10pm ) enter the alternate in the alternate section.

**We encourage all team members to make a best effort to be at the event the entire day.**

	PARTICIPANT NAME	AGE	WAIVE	SHIRT	ALTERNATE NAME	AGE	WAIVE	SHIRT	PAID
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**Additional Team Members:** If you decide to have more than 10 people on your team, each additional team member over the age of 12 will be charged \$20. All team members will receive a T-Shirt. Alternates may purchase a T-Shirt at cost if they desire to have one.

**The maximum number of team members allowed is 20.**

	PARTICIPANT NAME	AGE	WAIVE	SHIRT	ALTERNATE NAME	AGE	WAIVE	SHIRT	PAID
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

**FOR RELAY USE ONLY:**  
 SIZE TOTALS: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_ 4X \_\_\_\_\_



**13TH ANNUAL DRUG FREE RELAY, SEPTEMBER 25, 2010**  
 LA GRANDE HIGH SCHOOL TRACK, 10 AM - 10 PM



# INDIVIDUAL RULES AND WAIVER

Complete One of These for Each Participant/Alternate/Member

Submit these forms no later than 9am Sept 25th.

The info can be sent to: PO Box 1346, La Grande, OR 97850- DO NOT MAIL AFTER Sept 20th  
Or Call, Jan Harris 541-963-0228

By signing below, you agree to the following rules:

- 1) All team money must be collected by the team captain on or before September 20, 2010 and mailed to P.O. Box 1346, La Grande or delivered to one of the informational meetings to be scheduled.
- 2) **No Drugs, Alcohol, Tobacco or Violence will be allowed at the site.**
- 3) Each team must consist of 10 walkers/runners and will make a team banner to be judged. Matching attire is optional.
- 4) One member of each team must always be on the track either walking or running.
- 5) Designated team member must carry a baton when on the track and it must be handed to the next runner/walker.
- 6) **Each team member must report to the Scoring Table before and after completing his/her laps.**
- 7) Each team member must wear an assigned number at all times.
- 8) Each team member must wear shoes while on the track.
- 9) Only team members may be on the track.
- 10) Slow runners/walkers must yield inside lane to faster runners/walkers.
- 11) **No pets or animals** are allowed at the site or on the track.
- 12) Each team is responsible for trash generated in their area. **All participants will clean up after the relay.**
- 13) Team provides its own shade awnings, tents, etc. for site.
- 14) Team Captains are responsible for their team members' walking order, participation, and welfare.
- 15) **For every team there must be atleast 2 Adult Members. (Adult=21 years old+)**

## WAIVER

I recognize and hereby assume the risks of illness and injury inherent in any exercise program. I am participating in the Drug-Free Relay on the express agreement and understanding that I am waiving and releasing the sponsors, advertisers, agents, organizers, and representatives of the Drug-Free Relay from any and all claims which may accrue to me, my heirs, guardians, administrators, executives or assignees including Attorney's fees and court costs (collectively "Claims") arising out of, or in connection with, participation in the Drug-Free Relay or any illness resulting therefrom. I further authorize the use of any photographs or videos taken of me while participating in the Drug-Free Relay for future promotions at the discretion of the 12-Hour Drug-Free Relay Committee.

**Participant's Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_

Parent's Signature (for all student team members and underage participants) \_\_\_\_\_

<b>Team Name:</b> _____
<b>Main Team Sponsor:</b> _____







# TEAM ROSTER

## -----TEAM CAPTAIN'S COPY-----

EACH TEAM MUST HAVE AT LEAST 2 ADULT MEMBERS (21 YEARS +)

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