Payment $_____Bib #_____

Duluth Trail Fest

Aug 27-29, 2010
www.DuluthTrailFest.com
Copies are acceptable
Please Print Neatly

Full Name_____ M___ F____
First MI Last
Address_____ City_____ State/Prov._____ Zip_____
Phone#(____)_____ Age (on 8/27/10)_____ Birthday_____
Email_____

3 Race Package (Save by doing all 3!):
□ $65 Postmarked through 8/2/10
□ $75 Postmarked 8/3/10 - 8/15/10
□ $85 Registration at Chester 8/27

Shirt size (shirt to those doing all 3):
□ Small □ Medium □ Large □ XL

Individual Race Registration:

□**Chester Tester Hill Challenge ~5km (8/27/10)**
•$20 Postmarked through 8/2/10
•$25 After 8/2/10

□**Superior Hiking Trail 15 km (8/28/10)**
•$40 Postmarked through 8/2/10
•$50 After 8/2/10

□**Park Point Beach 5 km (8/29/10)**
•$20 Postmarked through 8/2/10
•$25 After 8/2/10

ATHLETE'S RELEASE: ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

I,_____, know that running is an action sport carrying significant risk of serious personal injury, death or property damage. I also know that there are natural, mechanical and environmental conditions and risks which independently or in combination with my activities may cause property damage, or sever or even fatal injuries to me or others.

I agree that I alone am responsible for my safety while participating in competitive events and/or training for competitive events and specifically acknowledge that the following persons or entities including Events For The People LLP, City of Duluth, Superior Hiking Trail, St. Louis County, the promoters, the sponsors, the organizers, the officials and any agent, representative, officer, director, employee, member or affiliate of any person or entity named above are not responsible for my safety. I specifically RELEASE and DISCHARGE, in advance, those parties from any and all liability whether known or unknown, even that liability which may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I agree to accept all responsibility for the risks, conditions and hazards which may occur whether they now be known or unknown.

I further agree to forever HOLD HARMLESS and INDEMNIFY all person and entities identified above, generally and specifically, from any and all liability for death, personal injury or property damage, resulting in any way from my participating in competitive events or training for competitive events.

I currently have, and I agree to maintain throughout the time that I train and compete, valid and sufficient medical and accident insurance. I understand that it is my sole responsibility and release all persons and entities identified above from providing this coverage for me.

I understand that at this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

I agree that I will accept and abide by the rules or regulations imposed by organizers. This Acknowledgement and Assumption of Risk and Release shall be binding upon my heirs and assigns.

SIGN HERE X _____ Date: _____

Name Printed: _____
(If athlete is less than 21 years of age and a resident of West Virginia, Alabama, Mississippi, Nebraska, Pennsylvania, or Wyoming, or less than 18 years of age and a resident of any other state, then the parent or legal guardian must sign below.)

This is to certify that, as a parent/legal guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent/Guardian Signature_____ Date: _____

Parent/Guardian Name_____ Relationship:_____

MUST BE SIGNED & RETURNED WITH PAYMENT OR WILL NOT BE PROCESSED. NO REFUNDS OR NAME CHANGES. Director holds right to postpone or cancel race due to extreme weather circumstances. This decision can be made any time leading up to the race.

Please make all checks payable to: Events For The People LLP. Mail to: PO Box 50490, Minneapolis, MN 55405