

Pine Trail Run Saturday, May 2th, 2020
50K RACE MAIL-IN REGISTRATION FORM

Please complete this form , sign and mail with check by April 24th, 2020

Pine Strawberry Fuel Reduction
PO Box 67
Pine, AZ 85544



Distance of longest running event you have completed: _____

Last Name*: _____ First Name*: _____

Date of Birth (MM/DD/YYYY)*: _____ YOU MUST BE AT LEAST 12 YEARS ON 5/2/2020 TO PARTICIPATE

Gender*: M F (Circle one)

Shirt Style*: Women's Unisex (Circle one)

Shirt Size*: XS S M L XL 2XL (Circle one) Refer to www.pinetrailrun.com for sizing info (Note that shirts are only guaranteed if we receive this registration on or before April 21, 2020)

Address*: _____

City*: _____ State*: _____ Zip*: _____

Country*: _____

Phone: _____ Email*: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Include you in our public pre-race registration list? Yes No (Circle one)

Fees: Postmarked by 12/31/2019: \$80, 1/1/2020 - 2/29/2020: \$90, 3/1/2020 - 4/24/2020: \$95

Registration Fee : _____ (Does not include a breakfast)

Optional Donation: _____

Pine Trail Run Visor: _____ (Optional, \$10 each - see www.pinetrailrun.com/registration.html)

Extra breakfast: _____ (\$5 each - extra breakfasts are for family and friends - Served from 8:00AM to 10:30AM)

Total: _____ Please make check payable to **Pine Strawberry Fuel Reduction** and mail this page and signed waiver page to address on top of page - **Thank You**

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ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, wildlife, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. I understand that at this event or related activities, 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 assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Participants who register must do so with the full understanding there will be no refunds or free entries to future races. Each participant needs to consider this and accept the risk of loss of his or her entry fee. There will be no exceptions made to this rule.

I hereby certify that I have read this document; and, I understand its content.

_____	_____	_____
Printed Name	Signature (If under 18 years old, parent/guardian must also sign)	Date

PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____
Parent/Guardian Printed Name	Signature of parent or guardian	Date