



**TRAIL CREEK 12K TRAIL RUN**

**Please fill out form and waiver completely.**

**Entry Fee: \$25 on race day.**

**CASH/CHECK ONLY – NO CREDIT CARDS**

**Entry fees are Non-Refundable**

**Please make checks payable to: Sun Valley Running, Brad Mitchell**

(Please Print)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age on race Day: \_\_\_\_\_

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Who to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARTICIPANT WAIVER STATEMENT:**

I know that running a trail race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, vehicles, horses, other pedestrian traffic on the path and/or trail system, the effects of the weather, including high heat, rain, snow, ice, and/or humidity, conditions of the trail, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Sun Valley Running, James B. Mitchell, USA Track & Field, the City of Sun Valley, Sun Valley Resort, United States Forest Service, all volunteers, all sponsors, their representatives and successors from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever, foreseen or unforeseen, known or unknown arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. If as a result of my participation in the Trail Creek 12K Trail Run, I require medical attention, I hereby give my consent to authorize medical personnel of the event to provide such medical care as is deemed necessary by such authorized personnel. I grant permission to all of the foregoing to use photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Having read this participant waiver statement and understanding it to be a legally-binding release and indemnity agreement, participant signifies his/her assent to the above terms by signing below.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent / guardian required for participants under the age of 18.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

