Sawtooth Challenge Entry Form
August 23, 2008

Office Use Only
Rec'd ☐☐/☐☐/☐☐ Bib ☐☐☐☐
Entry Fee $☐☐☐.☐☐

FIRST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
CITY: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
STATE: ☐☐ ZIP CODE: ☐☐☐☐☐-☐☐☐☐
EMAIL: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
M/F ☐ DOB: (MM/DD/YYYY) ☐☐-☐☐-☐☐☐☐
AGE ON RACE DAY: ☐☐
DAY PHONE: ☐☐☐-☐☐☐-☐☐☐☐
EVE PHONE: ☐☐☐-☐☐☐-☐☐☐☐
T-SHIRT: ☐ Youth ☐ S ☐ M ☐ L ☐ XL ☐ XXL

READ THIS IMPORTANT INFORMATION

Registrations will be accepted until 8 pm, Friday, August 22, 2008.
Entries must be received in our office by published deadlines.
All participants in any Sawtooth Challenge event must sign the release on this form or the registration will not be processed.
No refunds are allowed for any reason. Entry fees are not transferable between individuals or to future races.
Fax and email registrations are acceptable with credit card payment.

ENTRY FEES

Full Competition (bike and run)
☐ until 7/23 $45 ☐ 7/23 to 8/22 $55
☐ student $22 ☐ student $27

20K Mountain Bike Only
☐ until 7/23 $40 ☐ 7/23 to 8/22 $50
☐ student $20 ☐ student $25

5K Run Only
☐ until 7/23 $30 ☐ 7/23 to 8/22 $40
☐ student $15 ☐ student $20

☐ **Guided Bike Tour** $10 (free to racers)
☐ Enthusiast ☐ Casual

☐ **Pre-Race Pasta Dinner** (free to race participants)
☐ **Additional Pasta Dinner** $5 (indicate # of additional tickets)

Additional T-Shirts $15
Indicate # of T-shirts in size box
☐ Youth ☐ S ☐ M ☐ L ☐ XL ☐ XXL

☐ **Student Racer Discount of 50%** is available on MTB and 5K Run events. Students must show current ID when picking up race packet.

Checks payable to **Wellness Recreation** OR
Please charge my: ☐**Visa** ☐**Mastercard**
☐**Discover** **Total:$**_____
Credit Card #_____
Expiration Date: _____ CCV#_____
Signature:_____

Participant's Release: Acknowledgement and Assumption of Risk and Release

I, _____, know that biking and trail running are sports that carry 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 severe or even fatal injuries to me or others.

I agree that I alone am responsible for: (a) my safety while participating in competitive events and/or training for competitive events and, (b) providing, using and maintaining that equipment necessary for the safe enjoyment of my participation in such events and specifically acknowledge that the following persons or entities including the event and trail areas, 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 know 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 responsibility for the risks, conditions and hazards which may occur whether they now be know or unknown.

I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities identified above, generally and specifically, form 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 this is my sole responsibility and release all persons and entities identified above from providing this coverage for me.

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

Photography Release

I hereby grant absolute right and permission to Wellness Recreation to use photographic portraits of me for illustration, promotion or advertising purposes.

Name: _____ Date: _____ Emergency contact: _____ Phone:_____

SIGN HERE: _____ Date: _____
(If participant is less than 21 years of age and a resident of Alabama, Mississippi, Nebraska, Pennsylvania, West Virginia 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.)

Parent/Guardian Signature:_____ Date: _____
Parent/Guardian Name: _____ Relationship: _____

MUST BE SIGNED OR WILL NOT BE PROCESSED! NO REFUNDS OR TRANSFERS FOR ANY REASON!

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