



CFR-Trail Half Marathon

Entry Form and Waiver

Saturday, March 20, 2010 Wild Burro Trailhead

Bib Number (Race Organizers Only): _____

Please accept my entry in the Trail half Marathon :(Print clearly and completely.)

Name: _____ Race Day Age: _____ Gender: _____

Address: _____ City _____

State: _____ Zip Code: _____ Phone _____

Emergency Contact Person: _____ Phone _____

Age Group: (Circle one) – Under 18 18-29 30-45 46-59 60 and Over / T-Shirt Size _____

Race Fee (Please check one): ½ Marathon Event \$50.00 _____

CFR Trail Club Member: Event \$45.00 _____

Amount Enclosed \$ _____ Payable to Catalina Foothills Fitness

Return completed entry form to: Catalina Foothills Fitness, 4729 E Sunrise Dr. #229 Tucson, AZ 85718.

No later Than March 13th, 2010

Waiver: (Read carefully before signing): A physical examination is not required to compete in CFR Trail Half Marathon. This race is characterized by high elevation, big hills, extreme distances, uneven terrain, roots, rocks, sand and general trail conditions found in a forest/desert. It may be hot, cold, wet, snowy, windy and generally stormy. If I participate I could die or be seriously injured. Having considered all the options, I agree to participate at my own risk. In consideration for the organizers accepting my entry into this race, I hereby waive and release any and all rights and claims I or my successors and assigns may have against Catalina Foothills Fitness and Cat Foot Racing, and their agents and representatives, the United States Forest Service, the land owners, the Winter Trail Run Series organizers, sponsors, any and all volunteers assisting in race production, from all injuries, ailments or other consequences suffered by me in the race, whether caused by their negligence or my own, and I agree to hold them harmless for all claims, damages, judgments, and costs of whatever nature and form. I affirm that I am in good health, suffer from no known conditions which will endanger my health or the health of others, and I am fit to compete in the event. In case of injury or illness I will bear the cost of any evacuation procedures such as ambulance, helicopter, rescue and professional medical care. I understand that I must provide my own health and accident insurance. I give the organizers full permission to use any photographs, videotapes, recordings or any other record of this event for any legitimate purpose. I understand that race entry fees paid by me are non-refundable unless the registrar refuses my entry. The non-refund policy also applies to any cancellation of the race due to weather, fire or other conditions.

By signing below I agree to be bound by the conditions of the race and waiver:

Entrant Signature: _____ Date: _____

Parent Signature (if entrant is under 18) I am the parent of a child under the age of 18. Minimum age 16!

Having read this waiver and considered the options, I agree to have my child compete and be bound as described in the waiver.

Parent Signature: _____ Date: _____