

# 2010 Lost Lake 50K Mail In Registration Form

Name (please print)	
Address	Age
City, State, Zip	Date of Birth
Phone	
E-Mail Address	Gender

Entry Fees	
<input type="checkbox"/>	\$40.00 if received by Thursday April 1 <sup>st</sup> 2010
<input type="checkbox"/>	\$55.00 if received BEFORE Wednesday April 28 <sup>th</sup> 2010
<input type="checkbox"/>	\$60.00 Day of race

Shirt Size (Check one)  Small  Medium  Large  X-Large

## Statement of Release

I know that running a trail footrace is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by the 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, the effect of the weather including high heat and humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Bellingham, Whatcom County, Larrabee State Park, Washington State Parks and Recreation Commission, Skagit Runners, Road Runners Club of America, all sponsors and contributors, volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though the liability may rise out of negligence or carelessness on the part of the persons named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I also understand that my entry fee is nonrefundable. Parents signature is required if entrant is under 18 years of age. This is to certify that my child has the permission to compete in this event, is in good physical condition, and the event officials may authorize necessary emergency medical treatment. I understand that this event is RRCA sanctioned and that bicycles, skateboards, baby joggers or strollers, roller skates or blades, headsets, and animals are not allowed in the race, and I will abide by these guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If under 18, parent must sign)

Bib #	
Check #	
Amount	