

Pine Trail Run Saturday, May 4th, 2024
5K RACE MAIL-IN REGISTRATION FORM

Please complete this form, sign and mail with check by April 27, 2024

Pine Strawberry Fuel Reduction
PO Box 67
Pine, AZ 85544



Average 5K time (Minutes): _____ (used for wave assignment)

Last Name*: _____ First Name*: _____

Date of Birth (MM/DD/YYYY)*: _____ YOU MUST BE AT LEAST 6 YEARS OLD ON 5/4/2024 TO PARTICIPATE

Gender*: M F (Circle one)

Choose either shirt or technical running cap: Shirt Cap (Circle one)

Only if you chose shirt select:

Sleeve length: Short Long (Circle one)

Style: Women's Unisex (Circle one)

Shirt Size: XS S M L XL 2XL (Circle one)

Refer to www.pinetrailrun.com/register for cap design & shirt sizing (Note that shirts are only guaranteed if we RECEIVE this registration on or before April 18, 2024)

Address*: _____

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

Country*: _____

Cell Phone: _____ Home Phone _____

Email*: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

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

Fees: Postmarked by 12/31/2023: \$55, 1/1/2024 to 2/29/2024: \$60, 3/1/2024 to 4/27/2024: \$65

Registration Fee : _____ (Includes 1 breakfast)

Optional Donation: _____

Friday dinner: _____ (Optional, \$12 each - see www.pinetrailrun.com/registration.html)

Extra breakfast: _____ (Optional, \$10 each - extra breakfasts are for family/friends)

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2

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

Risk, Medical Treatment, Photography & Refunds

Acknowledgement of Risk

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 race is run mostly on forest trails and some forest dirt roads (50K). 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. I hereby assume all of the risks of participating. 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.

Consent to Receive Medical Treatment I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event

Photography Permission 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.

No Refund Policy Participants who register must do so with the full understanding there will be no refunds. Each participant needs to consider this and accept the risk of loss of his or her entry fee. If you are unable to participate after registering, we do offer deferment of your registration until next year. If you need to defer, please contact us at pinetrailrace@gmail.com.

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