

2010 LAKE WOBEGON TRAIL MARATHON REGISTRATION FORM

MAY 8, 2010

Print registration form, complete form, sign agreement and waiver and Stearns County release, enclose entry fee payable to SCRR and mail to: Sharon Hobbs at 1936 Tyrol Drive St. Cloud, MN 56301 . The 2010 race is limited to 350 runners. Entry fee is \$45 postmarked by March 31 and \$65 postmarked after March 31. Entry fees are nonrefundable and nontransferable. Registrations will be accepted only if postmarked by April 30. **NO RACE DAY REGISTRATION.**

NAME: _____

BIRTHDATE: _____ Age on race day: _____ You must be at least 18 years old to participate.

GENDER: Male _____ Female _____

PREDICTED FINISH TIME: _____

FIRST TIME MARATHONER: Yes _____ No _____

EMAIL ADDRESS: _____

Please print email address clearly. Registration confirmation will be emailed within 10 days of receipt of registration and race instructions will be emailed to participants on or before May 5, 2010. If you do not receive registration confirmation or race instructions, please email Sharon Hobbs at shobbs@rnoon.com to confirm that we have received your registration.

SHIRT SIZE: Small _____ Medium _____ Large _____ X-Large _____

Choice of shirt size is guaranteed only if registration is postmarked by March 31

How did you hear about us? _____

AGREEMENT AND WAIVER (required for entry)

The finish line will close after six hours. Water stations will close at intervals of 14 minutes per mile from the start. We do not want to leave runners unsupported on the course. Therefore, runners who are not able to maintain at least a 14 minute mile average pace will be transported to the finish line by volunteers from the next water station. If you do not know whether you will be able to maintain at least a 14 minute mile average pace throughout the race, then unfortunately this is not the race for you. Signature of this registration form indicates that you accept these terms.

I understand and agree that my photograph may be displayed on the race website and used in race advertising or other materials.

I know that running a marathon is a potentially hazardous activity. I should not run unless I am medically able and properly trained. I understand that there will not be any medical personnel on the course. I agree that a race volunteer may obtain medical assistance, including ambulance transportation to a medical facility, on my behalf and at my expense. I agree to abide by any decision of a race volunteer relative to my ability to safely complete the race. I assume all risks associated with running this event including but not limited to, traffic, weather, including high heat and humidity, and trail conditions.

In consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release any and all sponsors, race directors, volunteers, and others associated with the race from all claims of injury, illness, or damage or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence on the part of the persons named in this waiver.

Participant signature: _____

Date: _____

**STEARNS COUNTY PARKS – LAKE WOBEGON TRAIL
VOLUNTARY RELEASE, ACKNOWLEDGEMENT AND
ACCEPTANCE OF RISKS BY PARTICIPANT**

(This document affects your legal rights. Read it carefully)

Participant Name: _____ Date: _____

Address:

In order to participate in this activity, I agree to hold the County of STEARNS , its employees, agents, and contractors harmless, and I give up any right I may have to make claims or lawsuits against them. I acknowledge that this is not an essential service provided by the County of STEARNS .

I understand and acknowledge that the activities I am about to voluntarily engage in as a participant have certain risks. I understand that these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to myself or my property, or to other persons or their property. I voluntarily agree and promise to accept and assume all responsibilities, and injuries, death, illness, disease or damage to myself or my property arising from my participation in this activity.

This waiver does not apply to any injuries or damages that are the result of willful, wanton, or intentional misconduct.

I am voluntarily participating in this activity with knowledge of the dangers and risks involved, and no one is forcing me to participate.

I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will. My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms. This agreement shall be binding on behalf of myself; my heirs, assigns, personal representative and estate.

Signature: _____ Date: _____

Participant must be at least 18 years old.