

2009 Cast A Shadow?

Saturday February 7

Registration Form

(Use one form per team)

Team Name: _____.

Runner 1 (or Solo)

Name: _____.

Address: _____.

City: _____, State: _____ Zip: _____.

Phone #: _____ Shoe size _____.

Sex: _____, Age: _____, Shirt Size: (circle) S M L XL

Runner 2

Name: _____.

Address: _____.

City: _____, State: _____ Zip: _____.

Phone #: _____ Shoe Size: _____.

Sex: _____, Age: _____, Shirt Size: (circle) S M L XL

Runner 3

Name: _____.

Address: _____.

City: _____, State: _____ Zip: _____.

Phone #: _____ Shoe Size _____.

Sex: _____, Age: _____, Shirt Size: (circle) S M L XL

Combined Age: _____.

Event Class

Solos Man Solo Woman Team Men Team Women Team Coed

TEAM CLASS

Scholastic, Under 105 combined years, Over 106 Combined Years

I know that participation in an event of this type is a hazardous activity. I fully understand that I or the person that I am responsible for, will be subjected to harsh environmental conditions, including but not limited to, unseasonably extreme temperatures, snow, ice, uneven terrain, rock, roots, trees and branches, limited access for immediate medical assistance, as well as any other conditions that man and/ or mother nature may provide. I understand that there is the risk of sustaining bodily injury and even death. I certify that I or the person I am responsible for is of strong body and mind, and is truly capable of participating in this event. Therefore, I for myself or the person that I am responsible for release the race directors, the Monroe county parks department, event sponsors, and any other persons involved in this event from any liability that may be incurred by myself, or the person I am responsible for, as a result of my/his/her participation in this event. I understand that I or the person I am responsible for, will be responsible for any cost of emergency service that is required during this event. I understand that my entry fee is non-refundable.

Runner 1 (or solo): Signature: _____ Date: ____/____/20 ____.

Parent/Guardian if under 18. _____ Date: ____/____/20 ____.

Runner 2 : Signature: _____ Date: ____/____/20 ____.

Parent/Guardian if under 18. _____ Date: ____/____/20 ____.

Runner 3: Signature: _____ Date: ____/____/20 ____.

Parent/Guardian if under 18. _____ Date: ____/____/20 ____.

Entry Fees

Solo

\$40 postmarked by
1/27/09

\$50 Race Day

Teams

\$120 postmarked by
1/27/09

\$150 Race day

Mail To:

Tim Ratowski
1040 Macedon Center Rd
Fairport, NY 14450