



Cast A Shadow 4 Mile SNOWSHOE RACE

February 7, 2015
Start 10:30 am



Location:

Black Creek Park, North Chili
Sunnyside Lodge

Course:

The 4 mile course will be two laps of the course that will be used later in the day for the 6 hour relay/solo event. Therefore it might be a hair over 4 miles...just saying.

Snowshoes:

Minimum legal size is 120 square inches of coverage.

Awards:

Ceremony and refreshments will take place in Sunnyside lodge. There will be awards for both men and women overall open/master and 1st place in the following age groups: 19&under, 20-29, 30-39, 40-49, 50-59, 60-65, 70+.

Entry Fee:

\$10.00 postmarked by 1/23/2015. After and race day \$15.00 after and race day. Packet pick up will be race day starting at 9:30 am. Registration closes for men and women at 10:20 am. Please do not mail any registrations after 1/23/2015.

*****In case of no snow this will be a trail run so plan accordingly.*****

Feel free to direct any questions to goose@roadsarepoison.com or check our website at www.roadsarepoison.com

Make checks payable: Tim Ratowski 1040 Macedon Center Rd Fairport, NY 14450

2015 Cast A Shadow 4 Mile Registration Form

Last Name: _____ First Name: _____
Street Address _____
City _____ State _____ Zip code _____
Telephone Number _____ Email _____
Date of Birth _____ Age day of race _____ Sex _____

Age Group
(Please circle)

U 19
20-29
30-39
40-49
50-59
60 -69
70+

Entry fee \$10 postmarked by 1/23/2015. \$15 race day.

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 State of New York, Monroe County, United States Snowshoe association, event sponsors, officers, agents and employees of the fore mentioned 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.

Signature Required: _____ Date: ____ / ____ / 20 ____.

Signature Required: _____ Date: ____ / ____ / 20 ____.

(If under 18, legal guardian's signature required)