

**Laurel Highlands Ultra – 2011 Application and Waiver
50 Kilometer Race & 50K Team Relay**

Name: _____

Street address: _____

City/State/Zip Code: _____

Phone: _____ Emergency Phone: _____

E-Mail: _____

I will attend the pre-race dinner: Yes _____ No _____

Shirt Size: SM _____ M _____ L _____ XL _____

Gender: M _____ F _____

Age as of 6-11-2011: _____

Individual: _____ \$65.00 U.S. Until May 21, 2011; \$85.00 U.S. Thereafter

Team Relay: _____ \$105.00 U.S. Until May 21, 2011; \$120.00 U.S. Thereafter

Team Name: _____

Make checks payable to: Laurel Highlands Ultra

Check here if transportation to the start is needed: _____ (Add \$7.00)

Park at the 50K finish, ride to the start BEFORE THE RACE, bus departs at 6:45 A.M.

Mail to: RICK FREEMAN, 19 KIRCHNER DRIVE, SOUTH PARK, PA 15129

e-mail: rick.freeman1@verizon.net

In consideration of the acceptance of my application for entry into the LHHT race, I freely agree with the following contractual representations and agreements:

I fully realize the dangers of participating in this endurance event which traverses difficult and hazardous terrain and which may expose me to dangerous conditions. I have been warned that I should not participate in the event unless I am in excellent physical condition and have considerable trail running experience. I understand I may be exposed to various risks involving an event of this type, including, but not limited to injuries or death from foreseeable and unforeseeable factors which may include dehydration, extreme heat, high humidity, electrical storms, falls, animal encounters, hazards from vehicles, getting lost or being injured at a remote location where medical attention cannot be timely provided. I voluntarily accept all risks of participating in this event and for myself and anyone entitled to act on my behalf, waive and release the LHHT Race Directors, Committee Members, officers, directors, race volunteers, sponsors, property owners throughout the race course, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this Waiver. Further, I grant permission to all of the foregoing to use any photograph, video or recordings for any legitimate purpose. I also agree to abide by the decisions of race officials regarding my continuing in the race whether based upon failure to abide by rules, meet cut-off times, medical condition or other reasons.

SIGNATURE: _____ DATE: _____

MUST BE 18 YEARS OF AGE ON OR BEFORE RACE DATE TO REGISTER