

2010 American Birkebeiner
Individual Marathon, Half Marathon and 5K Fun Run/Walk

Saturday, September 25, 2010

- Marathon** (Minimum Age of 16 on Race Day)
- Half Marathon** (Minimum Age of 16 on Race Day)
- 5K Fun Run/Walk** (Minimum Age of 12 on Race Day)

Name: _____ Phone (Day): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Gender: Male Female Birth date: _____

T-Shirt Size: Small Medium Large X-Large

Registration Fees:

Event:	Early Reg. (Until 9-3-10)	Late Reg. (9-4 to 9-24-10)	Race Day Registration
Marathon	\$50	\$60	\$70
Half-Marathon	\$40	\$50	\$60
5K Fun Run/Walk	\$20	\$25	\$30

Send check or money order, payable to **ABSF** with completed registration form to:
ABSF, PO Box 911, Hayward, WI 54843

Registration fees are non-refundable for any reason, including race cancellation. Registration fees are not transferable to future races.

Participant Waiver Statement:

I know that running or walking a trail event is a potentially hazardous activity. I should not participate unless I am medically able and properly trained and prepared. I know that there may be vehicles at road crossings and on the course and assume the risk of running near these vehicles. I also assume any and all other risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather including heat, cold, precipitation or humidity, and the condition of the roads or trails, all such risks being known and appreciated by me.

Knowing these facts and in consideration of ABSF's acceptance of my entry fee, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge any organization associated with this race and the local governments and police/sheriff, volunteers, and any and all sponsors including their agents, employees, assigns, or anyone else acting on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever, foreseen or unforeseen, known or unknown.

If as a result of my participation in the American Birkebeiner Trail Run & Trek, I require medical attention, I hereby give my consent to authorize medical personnel of the event to provide such medical care as is deemed necessary by such authorized personnel.

I further grant ABSF full permission to use photographs, videotapes, motion pictures or any other type of recording of the event for any purpose.

I have read this waiver and certify my agreement by my signature below.

Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)