

**Run Crazy Horse**  
**Oct. 3, 2010**  
**5 – PERSON RELAY ENTRY FORM**

NAME OF TEAM: (REQUIRED) \_\_\_\_\_

TEAM CAPTAIN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_

T- SHIRT SIZE:

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Ex.Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_

CATEGORY:

COED: (Any combination Male/female split) \_\_\_\_\_

FEMALE: \_\_\_\_\_

MALE: \_\_\_\_\_

CORPORATE: \_\_\_\_\_

ENTRY FEE:

Before Sept 15<sup>th</sup> ..... \$185 \_\_\_\_\_

*Make your Marathon Matter. donate to Habitat for Humanity* \$ \_\_\_\_\_

TOTAL Amount Enclosed (Add Entry Fee + Meal Tickets + Merchandise) TOTAL \$ \_\_\_\_\_

**SEND ENTRY FORMS & CHECK TO:** WEM, INC  
C/O LeanHorse Productions  
PO Box 7892  
Rapid City, SD 57709

2<sup>nd</sup> TEAM MEMBER:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_

T- SHIRT SIZE:

Sm \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_

3<sup>rd</sup> TEAM MEMBER:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_

T- SHIRT SIZE:

Sm \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_

4<sup>th</sup> TEAM MEMBER:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_

T- SHIRT SIZE:

Sm \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_

5<sup>th</sup> TEAM MEMBER:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_

T- SHIRT SIZE:

Sm \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_

### RELAY INFORMATION

The DETAILS of this EVENT are subject to change. The latest information can be found on the website. Each team must have a participant for each leg of the Relay. There must be 5 Members on each team and each Team must have a NAME and a CAPTAIN. The CAPTAIN is responsible for the team payment and race-day logistics. The Relay will start at the same time, and at the same Start Line and follow the same course. Transportation to the Relay Points is the responsibility of the PARTICIPATING TEAM. (One exception: first leg runner has the option of taking the bus from Palmer Gulch or Hill City to the Start Line.)

### RACE WAIVER

I know that running a trail/road race is potentially hazardous activity. I should not enter and run less I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat or humidity, traffic and the condition of the trail/road, and such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone acting on my behalf, waive and release the race organizers and all sponsors, their representatives and successors from all claims or 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.

As the team captain, I am signing this release on behalf of my 4 teammates and I have shared the information in the waiver with them along with the fact that I am signing on their behalf.

TEAM CAPTAIN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENTS SIGNATURE IF UNDER 18 \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Phone \_\_\_\_\_

For other information visit: <http://RunCrazyHorse.com>

Questions:contact Emily Wheeler at 605 390 6137 or [director@RunCrazyHorse.com](mailto:director@RunCrazyHorse.com)