

Run Crazy Horse 13.1 & 26.2
Oct 6 2019

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

SEX: M ___ F ___ BIRTHDATE _____ AGE ON RACE DAY _____

FINISHER'S SHIRT: Mens SIZE S ___ M ___ L ___ XL ___ XXL ___ (\$4 extra for XXL only)

Women's SIZE S ___ M ___ L ___ XL ___ XXL ___ (\$4 extra for XXL only)

MARATHON

Oct 1- May 1 \$ 80.00 _____

May 2- Aug 15 \$ 95.00 _____

Aug 16- Sept 1 \$ 105.00 _____

HALF MARATHON:

Oct 1- May 1 \$ 70.00 _____

May 2- Aug 15 \$ 85.00 _____

Aug 16-Sept 1 \$ 95.00 _____

Mail In Entry **DEADLINE** for FULL & HALF Marathon is **Sept. 15!** **NO REFUNDS**
No EVENT SWITCHING after **Sept 15.**

Will you need bus transportation to the start? **NO** _____
From Palmer Gulch? Yes ___ No ___ From Hill City? Yes ___ No ___

Pasta Buffet 5PM \$20 each, times # of tickets equals \$ _____

TOTAL Amount Enclosed (Add Entry Fee + Meal Tickets) **TOTAL \$** _____

Release and Waiver Agreement:

In consideration of accepting this entry, I RELEASE - for myself and my heirs, executors, administrators, legal representatives, assigns and successors in interest, and for my child (if parent or guardian signing on behalf of a participant under the age of 18, referred to as "my child") - the Run Crazy Horse Marathon, WEM, Inc., Lean Horse Productions, Inc., the City of Hill City, Pennington County, the Crazy Horse Memorial and all organizations and individuals associated therewith, and all promoters, sponsors, organizers and volunteers of this event, and the officers, directors, shareholders and/or members, agents and employees of each, as well as all medical, law enforcement and other personnel assisting with this event, the owners of property through which the event course traverses, and their representatives, successors and assigns (collectively "Released Parties") from any and all rights, claims or liability for damage for any and all injuries to me, my child or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Release Agreement for the benefit of me or my child.

I understand and acknowledge that this Release Agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. This is an athletic event. I know that running a trail/road race is a potentially hazardous activity and that neither I nor my child should enter and run in a race unless medically able and properly trained. I agree to abide by all race official decisions concerning my and/or my child's ability to safely complete the event. I fully and completely understand that sometimes individuals are injured while participating in trail/road races. **I FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT**, including but not limited to: the dangers of falling and/or collisions with other participants, pedestrians, vehicles, and fixed or moving objects; the dangers of road conditions, surface hazards, weather conditions, including high heat and humidity, and inadequate clothing; encounters with wild or domesticated animals; the possibility of serious physical and/or mental trauma or injury or death associated with an athletic trail run; and dangers caused by others' negligence. I certify that I am and/or my child is physically and mentally fit to participate in this event.

I understand that entry fees are necessary to meet the cost of preparation, far in advance of the event, and that if the event is canceled because of weather conditions, fire, drought, acts of God, governmental agency directives or decisions, or other circumstances beyond the control of event organizers, the entry fee will not be refunded. I further release the above mentioned Released Parties from any all claims or causes of action relating to or arising out of any such event cancellation, postponement, or necessary restructuring due to these or other unforeseeable circumstances.

I represent and certify by my signature that the information I have provided on this form is accurate and that this Release is provided as consideration of your accepting my entry in the event for myself and/or for my child. I further represent and warrant that I am vested with legal custody of such child or am otherwise legally authorized to enter into this Release Agreement on behalf of and for the benefit of said child.

I further agree that all photographs taken by Run Crazy Horse Marathon representatives during the event, or likenesses rendered from these photographs, become the property of Run Crazy Horse and may be used to promote the event or other Run Crazy Horse activities.
PARENT OR GUARDIAN MUST SIGN FOR MINOR.

SIGNATURE _____ **DATE** _____

PARENTS SIGNATURE IF UNDER 18 _____ **DATE** _____

EMERGENCY CONTACT: Name _____ **Phone** _____

Make Check Payable to: WEM, Inc.
Mail Entry Form to: WEM, Inc 8510 Kings Court Rapid City, SD 57702
For other information visit: <http://www.RunCrazyHorse.com>
Questions: 605 390 6137 or director@runcrazyhorse.com