

**Run Crazy Horse**  
**Oct 6<sup>th</sup>, 2024**  
**5 – PERSON RELAY ENTRY FORM**

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

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

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

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

BIRTHDAY \_\_\_\_\_ AGE TODAY \_\_\_\_\_

**T- SHIRT SIZE:**

Men's Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Ex.Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_  
Women's Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Ex.Large \_\_\_\_\_ Dbl.XX \_\_\_\_\_

**CATEGORY:**

**COED: (Must have 2 females)** \_\_\_\_\_  
**FEMALE:** \_\_\_\_\_  
**MALE:** \_\_\_\_\_  
**MASTERS(all team members 40 or older:** \_\_\_\_\_

**ENTRY FEE:**

Before May 1st..... \$255 \_\_\_\_\_  
May 2-Aug. 15<sup>th</sup> ..... \$270 \_\_\_\_\_  
Aug 16-Sept 1st..... \$280 \_\_\_\_\_

SEND ENTRY FORMS & CHECK TO: **WEM, INC**  
2458 Lindsey Drive  
Rapid City SD 57702

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

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

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

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

**T- SHIRT SIZE:**

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

**T- SHIRT SIZE:**

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

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

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

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

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

**T- SHIRT SIZE:**

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

**T- SHIRT SIZE:**

Mens Sm\_\_ Med\_\_ Large\_\_ X-Large\_\_ Dbl.XX\_\_  
Womens 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.)

### 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.

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)