

Run Crazy Horse
Oct 4th 2020
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:

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..... \$245 _____
May 2-Aug. 15th \$255 _____
Aug 16-Sept 1st..... \$285 _____

SEND ENTRY FORMS & CHECK TO: **WEM, INC**
8510 Kings Court
Rapid City SD 57702

2nd TEAM MEMBER: _____

3rd TEAM MEMBER: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

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 ___

4th TEAM MEMBER: _____

5th TEAM MEMBER: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

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