

Printable Registration Form for the 2018 Endless Mile 12 Hour Relay

Please fill out completely and neatly and provide one form for each individual or Team

Mail to: David Tosch - STR
220 Normandy Ln.
Chelsea, AL 35043

Team Captain fill out this form: PLEASE PRINT CLEARLY – WE MUST BE ABLE TO READ ALL THE INFORMATION.

First Name: _____ Last Name: _____ Gender: M - F

Email Address: _____ Address: _____

City/State/Zip: _____ Phone # _____

12 Hour Relay Teams Must have a minimum of 4 and a Max of 8 members - 4 shirts are included with Registratiton.

12 Hour Relay – 4 to 8 Members (Includes 4 Race Shirts) \$ 320.00

High School Runners or 18 & under, Registration fee is 50% off standard fee: \$ - _____

Total of Additional Shirts for Relay Team Members (over the 4 shirts included) \$15 each: additional shirt # ____ \$ _____

Make Check Payable to: Southeastern Trail Runs Total Enclosed \$ _____

Relay Team Information: Team Name _____ Number of Team Runners: _____

Team Member 1: Name: _____, Email: _____, Shirt Size: _____

Team Member 2: Name: _____, Email: _____, Shirt Size: _____

Team Member 3: Name: _____, Email: _____, Shirt Size: _____

Team Member 4: Name: _____, Email: _____, Shirt Size: _____

Team Member 5: Name: _____, Email: _____, *Shirt Size: _____

Team Member 6: Name: _____, Email: _____, *Shirt Size: _____

Team Member 7: Name: _____, Email: _____, *Shirt Size: _____

Team Member 8: Name: _____, Email: _____, *Shirt Size: _____

*** If you enter a size in these spaces you are agreeing to purchase these additional shirts at \$15.00 Each.**

Shirt Sizes are Gender Specific: Men’s - S, M, L, XL, XXL Women’s – S, M, L, XL - Each 12 hour team receives 6 Shirts

Additional shirts are \$15 each. If you have questions contact me at david@davidtosch.com.

Each Team Member must sign this Release below.

Team Member 1: Signature: _____, Team Member 5: Signature _____,

Team Member 2: Signature: _____, Team Member 6: Signature _____,

Team Member 3: Signature: _____, Team Member 7: Signature _____,

Team Member 4: Signature: _____, Team Member 8: Signature _____,

Team Name: _____ Team Member Name: _____ Date: _____

BY SIGNING THIS RELEASE YOU GIVE UP ANY CLAIM FOR INJURY OF ANY KIND AND CERTIFY YOU HAVE READ THIS WAIVER AND THAT YOU AGREE TO ITS TERMS. I understand that participating in a trail race is a potentially hazardous activity. I will not enter and run or walk unless I am medically able to do so and properly trained. I assume all risks associated with running or walking this event, including but not limited to the effects of weather, traffic, course conditions and course surfaces, falls, and contact with other runners, volunteers and spectators. I am aware that medical support for this event will be provided by volunteer personnel or professional medical personnel who may be called upon to provide assistance, including first aid, to me during or after the event. I authorize any such volunteer or professional to assist me or to perform such assistance as in the opinion of such person may be necessary or appropriate. I understand that Southeastern Trail Runs, LLC, The Southeastern Trail Series, City of Alabaster and their officials, employees, agents and representatives, the sponsors, the volunteers, and all others assisting in the operations of the event and its supporting and related activities assume no responsibility or liability with respect to my participation in the race or in any related events. I agree to obey and accept the rules of this race and any related events as published or otherwise made known to me, and to abide by the decision of any race official concerning my ability to safely complete the event. Having read this waiver and release, and knowing these facts, and in consideration of the acceptance of my entry, I for myself and any person entitled to act on my behalf do hereby release Southeastern Trail Runs, LLC, The Southeastern Trail Series, and it's officials sponsors, representatives, volunteers, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys, The City of Alabaster, Alabama, and their officials, employees, agents and representatives from all claims of liabilities of any kind or character arising from my participation in this event or in any related activity, even though liability may arise from negligence or carelessness on the part of persons or organizations named in this waiver and release. IN THE EVENT THAT A RUNNER REQUIRES EMERGENCY EVACUATION BY GROUND or HELICOPTER-AMBULANCE, THE RUNNER ASSUMES ALL FINANCIAL OBLIGATIONS CONNECTED WITH THIS SERVICE. Race management is NOT responsible for any debt incurred. I consent to the use of photographs, video, film and sound recordings of all race events for all legitimate purposes. I give permission to be contacted by interested media. I further understand that the Southeastern Trail Runs, LLC events and The Southeastern Trail Series events, are trail races and that I will be exposed to hazards and obstacles not normally associated with road races. These hazards include, but are not limited to, exposed rocks and roots in and on the trail, tree branches and limbs on and near the trail, irregularities in the trail surface and uneven transitions from one surface to another and wet or slick surfaces. All these hazards and obstacles pose a significant risk of falls that can result is possible serious injury. Some trails are very technical and pose a risk of falls down steep slopes in very remote areas where rescue may be difficult. Race officials reserve the right, at their discretion, to disqualify and remove from the course, any person who is knowingly or unknowingly violating any rules or instructions issued by said officials. I understand that the entry fee is non-refundable and non-transferable. I have read this waiver and certify my compliance by signature below. This release is a Release of Liability Waiver. Entrants under 19 year of age must have the waiver agreement signed by themselves and their parent of legal guardian.

For parent or legal guardian of runners under 19 if applicable. Date: _____

SIGNATURE OF PARENT OR LEGAL GARDIAN IF ENTRANT IS UNDER 19: _____

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