

Southeastern Trail Runs Tranquility Lake Registration
Make Check Payable to Southeastern Trail Runs

Bib #

220 Normandy Ln
Chelsea, AL 35043

First Name: _____ Last Name: _____

Gender: _____ Age on Race Day: _____ Date of Birth: _____

Email Address: _____

Phone #: _____ Emergency Contact # for Race Day: _____

Street Address: _____

City/State/Zip: _____

Tranquility Trial Race 6 Mile - \$40 3 Mile - \$35 \$ _____

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. In consideration of your accepting my entry, and intending to be legally bound for myself, my heirs, my executor, and my administrators, I hereby release and discharge Southeastern Trail Runs, LLC, the Race Committee, organizers, sponsors, Oak Mountain State Park, and each and every person and entity affiliated and associated with Southeastern Trail Runs, LLC from any and all liability, rights and claims for damages I may have arising out of my participation in this event, and waive all rights I may have to any such claims. I attest that I am physically fit and have sufficient training for the completion of this event and that a licensed medical doctor has verified my condition. I acknowledge that the course is strenuous and is run on difficult terrain on back-country trails and on paved and unpaved roads in conditions that can change without notice at any time. I acknowledge that there are inherent risks associated with my participation in this event, and agree to pay all of my own medical and emergency expenses in the event of accident, illness or other incapacitation regardless of whether I have authorized such expenses at the time they are incurred. I also grant full permission to the race organizers and sponsors to use any photographs or other records of my participation in this event for any legitimate purpose. I further 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. This application must be signed. Applicants under 18 years of age must have the signature of a parent or guardian approving such entry. The race committee may decline to accept any application for entry for any reason. 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 Southeastern Trail Runs, LLC 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, 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 in 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. 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. 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 or by their action or actions create an unsafe situation on the course. I understand that the entry fee is non-refundable and non-transferable. I have read the waiver provided and certify my compliance by signature below. This release is a Release of Liability Waiver Printable Registration all Southeastern Trail Run Events for 2020

SIGNATURE OF RUNNER _____ Date _____
Unsigned entries will not be accepted. Parents must sign for children under 19-years-old.

PARENT/GARDIAN SIGNATURE IF UNDER 19 _____ Date _____

PLEASE PRINT NAME: _____