

The Virtual Runs With Scissors

Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age on race day _____

E-mail Address _____

Circle one: 13.1 26.2 50k / Circle one: Male Female

Please mail your \$35 check and this form to:
(make checks payable to In The Long Run LLC)

In the Long Run LLC
2484 Wolf Creek Dr.
Brighton, CO 80601

Waiver

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur during the event. I also am aware of and assume all risks associated with participating in this event. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, and the event, for all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable.

SIGNATURE

_____ DATE _____