STOAKED

Date of Birth _____

AGE AS OF 12/31/2015 _____

Male ☐ Female ☐

First Name

Last Name

Address _____

City _____

State/Zip ☐☐ ☐☐☐☐☐

Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

E-Mail _____

Emergency Contact _____

Emergency Contact # ☐☐☐ - ☐☐☐ - ☐☐☐☐

Payment:	*Pre-Reg (till Aug 7)*	*After Aug 7*	
Free (14 & under)	$10 (ages 15-19)	$15 (ages 15-19)	*Make check payable to* : UVTA
	$15 (ages 20+)	$20 (ages 20+)	*Mail to:* PO Box 1215, Norwich, VT 05055

In consideration of the acceptance of my entry in the Stoaked Trail Race: I understand that running is a potentially hazardous activity which could cause injury or death. I should not enter and participate unless I am medically able and properly trained and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision by a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the course, travel to and from the event, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Upper Valley Trails Alliance, Dartmouth Outing Club, Hanover Improvement Society, and all sponsors, their representatives and successors from all claims and liabilities of any kind including any and all damage caused by negligence of any of them arising out of my participation in the event and its related activities together with any cost including any attorney's fees that may be incurred as a result of any such claim whether valid or not and releases each of them against any such claim that I or my guest or those listed above may have. I understand that there are no refunds regardless of the circumstances and that I must be present to receive any raffle prizes or awards that I may win. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature _____ Date _____

Guardian _____ Date _____