

Wicked Wildcat Wander entry form

Class: Male ___ Female ___

Age group (as of 12/31/10): 12-19 ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60+ ___

Date of Birth: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Fees: (check only one)	Pre-reg \$15 ___	raceday \$20 ___	Make check payable to: Fall Mnt XC Booster Club Mail to: Chris Northcott 105 Cheney Hill Road Walpole NH, 03608
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Agreement and Release of liability

I know that running is a potentially hazardous activity. I should not enter and run the race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risk associated with running including, but not limited to falls, contact with other participants, the effects of the road and traffic on course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release the Fall Mountain Regional High School, Fall Mountain XC Booster Club, City of Langdon, coordinating groups, individuals associated with the "Western New Hampshire Trail Series", all sponsors and their representatives, employees, and successors from all claims or liabilities of any kind suffered in connection with this event. I also hereby grant full permission to any and all of the foregoing to use my likeness in all media including pictures, photographs, or any other record of this event for any legitimate purpose. 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.

Racer signature _____ Date _____
If under 18, Parent or Guardian signature _____ Date _____