

Center of the Universe Trail Running Series

Kremmling, Colorado ~ www.runkremmling.com ~ 970-724-3472

Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Email: _____ PH: _____

Age on Race Day: _____ Male: _____ Female: _____ Circle T-shirt size: S M L XL

Womens Fit
OR
Mens Fit

Who to call in case of emergency: _____ PH: _____

Pre-Registration Options (Race day registration is \$5 more)

COYOTE CREEK 8 MILE & 3 MILE
Saturday, May 17th 2008
Start Time: 9:00 AM
Start & End: Ceriani Park 17th & Jackson Ave
Circle Option: No Frills \$10 OR General \$20
Circle Race: 8 MILE or 3 MILE

KREMMLING CLASSIC 10M, 5M & 3 MILE
Saturday, June 21st 2008
Start Time: 8:00 AM
Start & End: Town Square Park
Circle Option: No Frills \$10 OR General \$20
Circle Race: 10 MILE 5 MILE 3 MILE

ROADKILL ½ MARATHON & 5 MILE
Saturday, September 13th 2008
Start Time: 9:00 AM
Start & End: Town Square Park
Circle Option: No Frills \$15 OR General \$25
Circle Race: ½ MARATHON 5 MILE

GORE GRIND 6 MILE & 3 MILE HILL CLIMB
Sunday, October 12th 2008
Start Time: 9:00 AM
Start & End: County Road 14
Circle Option: No Frills \$10 OR General \$20
Circle Race: 6 MIL 3 MILE

I have enclosed \$ _____ Make checks payable to: Kremmling Area Chamber of Commerce
Send to: Kremmling Chamber of Commerce, PO Box 471, Kremmling, CO 80459
For more information call: 970-724-3472 or 1-877-573-4263

AGREEMENT TO WAIVE LEGAL RIGHTS

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I am participating in such activity. I and/or my child are in good health and physically able to participate in said activity. I agree to waive and release the Town of Kremmling, Kremmling Area Chamber of Commerce, and/or the United States Bureau of Land Management and their officers, employees, agents, servants, and all representatives and sponsors from any injury that I or my child may sustain, or any damage that may be caused to me or my child's property in connection with said activities. I also authorize and consent to any emergency examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advise of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Participant's Signature: _____ Date: _____
(or legal guardian if participant is under 18 year of age)

Print Name: _____

How did you hear about this event?:

Magazine _____ Web _____ Radio _____ Flyer _____ Friends _____ Poster _____ Other _____