

NITRO TRAIL

HALF MARATHON / 10K / 5K

Saturday, June 4th, 2011

Point Pinole Regional Shoreline

RACE STARTS: 8:30am(1/2 Marathon), 8:45am(10K), 9:00am(5K)

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ e-mail (please print clearly) _____

Date of Birth: _____ Male: ____ Female ____ Shirt Size (circle one):

Choose one: cotton shirt _____ tech shirt _____ (+\$6 for 5K/10K, free for 1/2 marathon)

Men's S M L XL 2XL(+\$2) 3XL(+\$3) 4XL(+\$4) **Women's** S M L XL 2XL(+\$2) 3XL(+\$3) **Youth** S M L

MUST BE REGISTERED BY 5/23 TO BE GUARANTEED YOUR SHIRT SIZE OR TECH SHIRT!

5K Entry Fee: Early (until 4/24) = \$29 Regular (until 5/22) = \$34 Late (after 5/22) \$39

10K Entry Fee: Early (until 4/24) = \$34 Regular (until 5/22) = \$39 Late (after 5/22) \$44

1/2 Marathon: Early (until 4/24) = \$50 Regular (until 5/22) = \$55 Late (after 5/22) \$60

How did you hear about our event? _____

NOTE: PLEASE ENSURE ALL MAILED ENTRIES ARE POSTMARKED BY 5/25/2011.

ACCIDENT WAIVER AND RELEASE FROM LIABILITY

In consideration of your acceptance of my entry, I, the undersigned, intending to legally bound hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for liability and damages I may have against Brazen Racing, its directors, employees, sponsors, agents, contractors, volunteers, the East Bay Regional Parks District, its directors, employees, agents, contractors, volunteers (collectively, the "Released Parties") for any and all injuries or death suffered by me in or arising from participation in your race or its related activities, whether or not caused by the sole negligence, fault or any other act of the Released Parties.

I acknowledge that the race courses are on trails and shared with other park visitors including runners, hikers, horses and bicycles. I acknowledge that it is my responsibility to understand the risks and determine whether I am fit to safely complete this race and the precautions I should take. I attest and certify that I am physically fit and sufficiently trained for the completion of the race. My participation is voluntary and is done at my own risk.

I understand and agree that medical or other services rendered to me by or at the instance of any of the above parties are not an admission of liability to provide or continue to provide any such services and are not a waiver by any said parties of any right hereunder. I hereby consent to receive medical treatment which may be deemed advisable in the event of an accident, injury and/or illness to me during this event.

I UNDERSTAND THAT I WILL BE ALONE ON REMOTE TRAILS, WITHOUT MEANS OF COMMUNICATION AND BEYOND THE REACH OF ANY IMMEDIATE MEDICAL ATTENTION OR RESPONSE.

I grant my permission to allow photo and/or other video images of myself to be used for promotional or information purposes.

I understand that in the case of an Act of God or in the case of force majeure, the event may be cancelled. I also understand that my entry fee is non-refundable. I HAVE CAREFULLY READ THIS ACCIDENT WAIVER AND RELEASE FROM LIABILITY AND FULLY UNDERSTAND AND APPRECIATE ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER OF RIGHTS AND A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN MYSELF AND THE EVENT SPONSOR, ORGANIZER AND THE EAST BAY REGIONAL PARKS DISTRICT AND I SIGN IT AT MY OWN FREE WILL.

Name _____ Age _____

Signature _____ Date _____

Emergency Contact: Name _____ Phone # _____

If applicant is under 18 years of age, the parents or guardians must execute the following waiver on the participant's behalf.

PARENT GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does hereby represent that she/he is in fact acting in such capacity and agrees to defend, save, hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and parent or legal guardian.

Parent of Legal Guardian _____

Signature _____ Date _____

**MAIL ENTRY FORMS WITH CHECK OR MONEY ORDER TO: BRAZEN RACING
2042 ROSEDALE DR.
SAN PABLO, CA 94806**