

1 Insane Trail Run!!

June 5th 2010, 8am Camp Galilee (El Dorado Springs, Mo)

<Crosscountrymissions.org>

Entry Form

First Name: _____ Last Name: _____ Gender: _____

Birthdate: ___ / ___ / ___ Email: _____ Phone Number: (____) _____ - _____

Address: _____ City: _____ Mo: _____ Zip: _____.

T-shirt size: _____ Emergency Contact: _____

Emergency Contact Phone Number: (____) _____ - _____

5K Race \$20: _____ 10K Race \$25: _____

I, _____, understand that my, or my minor child, or the minor child in my legal custody's participation in the 1 Insane Trail Run! (Event) is at my own risk. I understand there are risks associated with physical activity involved in the Event, including but not limited to possible falls, contact with other participants, effects of weather, traffic, and road conditions. I agree to release, indemnify, defend, and hold Camp Galilee and its respected officers, employees, affiliates, subsidiaries, and independent contractors, and all Event sponsors, and members of Cross Country Missions harmless from and against any and all claims, liability, judgments, fines, and expenses, including attorney's fees and amounts paid in settlement actually or reasonably incurred in connection with any proceeding to which Camp Galilee and its respected officers, employees, affiliates, subsidiaries, all Event sponsors, and/or members of Cross Country Missions is, or at any time becomes a party to or is threatened to be made a party due to my participation in the Event, WHETHER DUE TO THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

I hereby grant the Camp Galilee, Cross Country Missions, and Event sponsors with respect to photographs, motion pictures, video recordings, or any other record of the Event, in which I may be included, to copyright the same in its name otherwise; to use, reuse, publish and republish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising, or any other purpose; and to use my name and any statement made by me in connection therewith, if Camp Galilee or Cross Country Missions sponsors so choose. I also recognize that by signing this waiver there is no right to a refund if I am unable to attend the race.

Signature: _____ Date: _____.

Parent Signature: _____ Date: _____.

(if participant is under 18)

Mail To:

Attn: Cross Country Missions

159 Rock Hill Rd

Lampe, Mo 65681

- Mail in Registration must be sent before June 1st, Registration is also available online at **active.com**.