ARE YOU TOUGH ENOUGH?

DIRTY DUATHLON

& Dirty Bit 4-Mile Trail Run

SUNDAY, JUNE 10TH 10:00AM START

Holiday Valley Ski Resort Mountain Sports Center Rt 219 Ellicottville, NY 14731

4-mile trail run/10-mile mountain bike race on challenging, hilly terrain. Be there!

__**Solo Dirty Du competitor** **$40.00**
__**Two-person Du male team** **$50.00**
__**Two-person Du female team** **$50.00**
__**Two-person Du co-ed team** **$50.00**
__**Dirty Bit Trail Run**(4-Mile Trail Run) **$25.00**
(Dirty Bit 4-Mile Trail Run scored as its own event)

Pre-registration deadline June 2nd
Add $5 per entrant after.
T-Shirts to all pre-registered and as they last on race-day. Post race party for all.
Race-day entries always welcome!
Helping support the American Diabetes Assoc.

COMPLETE EVENT INFO AT
WWW.HEARTRATEUP.COM
HeartUPrate.com

Field Limits: 100 Teams, 150 Solo, 200 Dirty Bit Runners

Solo competitor information/ team runner

_____ _____ _____
Last Name First MI

_____ _____ ____ _____
Street City ST Zip

_____ _____ _____ _____ S M L XL
Sex Age E-mail address Phone # (Circle t-shirt size)

_____ _____
Emergency Contact Emergency Contact phone number

Team biker information

_____ _____ _____
Last Name First MI

_____ _____ ____ _____
Street City ST Zip

_____ _____ _____ _____ S M L XL
Sex Age E-mail address Phone # (Circle t-shirt size)

_____ _____
Emergency Contact Emergency Contact phone number

Acknowledgement of Risks and Assumption of Risk Responsibility

In consideration of your accepting this entry and permitting me to attend, volunteer or participate herein, I, the undersigned, intending to be legally bound, hereby, for myself, my heris, executors, and administrators, waive release and forever discharge any and all rights and claims for damages I may now or in the future have against Endurance America, Music X-press, Race Director(s), the town or any entity associated with this event and/or sponsors, volunteers, agents, members other competitors or assigns, for any and all losses and injuries in association with this event.

Participant's Signature:_____ Date: _____
Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have the authority to enter into this agreement on behalf of the participant and I agree to be bound by the terms and conditions stated above.
Signature:_____ Date: _____

Participant's Signature:_____ Date: _____
Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have the authority to enter into this agreement on behalf of the participant and I agree to be bound by the terms and conditions stated above.
Signature:_____ Date: _____

KENDA WTB

To enter mail completed entry form (checks made out to Endurance America) to:
Endurance America PO Box 100 Boston, NY 14025

Total Commitment. Total Care. OGH Olean General Hospital musicXpress Sound Systems