

# ELLICOTTVILLE ULTRA

TRAIL  
RUN  
EASTERN GRIP  
TRAIL RUNNING SERIES  
WATKINS NEW YORK

**Sunday, August 8<sup>th</sup> 2010 10:00am Start**

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

**Grueling, hard-core trails featuring over 1,200' of elevation changes on our 12-Mile course.**

**4-Mile course featuring similar terrain for runners seeking a shorter distance.**

**Registration, start/finish at the Holiday Valley Mountain Sports Center from 8am. Race-day registration welcome.**

**Post-race lunch, door prizes and awards ceremony. Register on-line/Save a stamp: [www.active.com](http://www.active.com)**

**Mow your lawn before you come-you will be happy you did. Rain or shine.**

**T-Shirts to the first 150 guaranteed. Race-day entries welcome, shirts as they last.**

**- Another terrific stop on the *Eastern Grip Trail Running Series* -**

**Complete event, lodging information at [www.heartrateup.com](http://www.heartrateup.com)**

**Helping support the American Diabetes Association**



Ultra Trail Run 2010 Pre-Entry Form 8/8/2010 No late entry fee

**\_\_ 4-Mile Trail Run \$25.00**

**\_\_ 12-Mile Trail Run \$30.00**

\_\_\_\_\_  
Last Name First MI

\_\_\_\_\_  
Street City ST Zip

\_\_\_\_\_  
Sex Age E-mail Address Phone # S M L XL  
(Circle t-shirt size)

\_\_\_\_\_  
Emergency Contact Emergency Contact phone number

**Acknowledgement of Risks and Assumption of Risk Responsibility**

**STATEMENT OF RISKS:** There are significant elements of risk in any adventure, sport or activity associated with the outdoors, the use of trails and roads and running plus any other associated activities tied to this event (referred to herein as "activity"). THE ACTIVITY IS NOT WITHOUT RISK. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to equipment, cause accidental injury, illness or in extreme cases, permanent trauma or death.

**ACKNOWLEDGEMENT OF RISKS:** I agree and understand that running is a HAZARDOUS activity. Further, I recognize that there are risks, including, but not limited to, uneven and/or slippery road conditions, varying slopes, variations in terrain, bumps, loose gravel and dirt, paved surfaces, wet surfaces, holes and potholes, debris and other competitors. I recognize that injuries are a common and ordinary occurrence of the activity. I hereby agree to freely and expressly ASSUME and accept ANY AND ALL RISKS OF INJURY OR DEATH while participating in the activity. I further acknowledge that I have made a voluntary choice to participate in the activity.

I AM (WE ARE) AWARE THAT THE ACTIVITY MAY ENTAIL RISKS OF INJURY OR DEATH. I/WE UNDERSTAND THE DESCRIPTION OF THESE RISKS IS NOT COMPLETE AND THAT UNKNOWN OR UNANTICIPATED RISKS MAY RESULT IN INJURY, ILLNESS, OR DEATH AS A RESULT OF MY/OUR PARTICIPATION IN THE ACTIVITY.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** I agree to assume responsibility for the risks of the activity identified herein and those risks not specifically identified. Participation in the activity is purely voluntary. No one is forcing me to participate. I verify that I am physically fit, **not under the influence of alcohol or any drugs at this time** and sufficiently qualified, trained and capable to participate in the activity. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, death, loss of personal property and expenses thereof as a result of any accident which may occur while I participate in the activity.

This agreement is governed by the applicable law of this state or province. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

**I HAVE READ THE ACKNOWLEDGEMENT OF RISKS & ASSUMPTION OF RISK RESPONSIBILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM EXPRESSLY ASSUMING THE RISK ASSOCIATED WITH THIS ACTIVITY.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To enter mail completed entry form (checks made out to Music X-Press) to:  
**Music X-Press PO Box 37 Buffalo, NY 14240**