

BIRCH BAY GHOST MARATHON RUNS

APPLICATION FOR ENTRY

NAME _____

MALE

FEMALE

AGE ON DAY OF RACE

\$20

Marathon

\$20

½ Marathon

\$5

**NWULTRAS FEE
(1X per year
insurance)**

**\$5 is for annual insurance and applies to any race
you run for www.nwultras.com. You only pay 1X
per year**

\$20

OR

\$25

TOTAL

ADDRESS _____

CITY, STATE, ZIP _____

MOBILE NUMBER (_____) _____

EMAIL ADDRESS _____

PERSON TO NOTIFY IN THE EVENT OF AN EMERGENCY:

NAME _____ RELATIONSHIP _____

TELEPHONE NUMBER (_____) _____

THE FOLLOWING IS A RELEASE AND A WAIVER:

BY SIGNING IT, YOU GIVE UP ANY CLAIM FOR INJURY OF ANY KIND

In consideration of your accepting my entry, and intending to be legally bound for myself, my heirs, my executors, and my administrators. I hereby release and discharge the Birch Bay Ghost Marathon runs, organizers, sponsors, and each and every person and entity affiliated or associated with the run from any and all liability, rights, and claims for damages I may have arising out of my participation in this event, and waive all rights I may have to any such claims. I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat or extreme cold, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Birch Bay Ghost Marathon runs, race directors, volunteers, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge that there are inherent risks associated with my participation in this event, and agree to pay all of my own medical and emergency expenses in the event of accident, illness, or other incapacitation regardless of whether I have authorized such expenses at the time they are incurred. I also grant full permission to the race organizers and sponsors to use any photographs or other records of my participation in this event.

This application must be signed. No application for entry from anyone under 18 years of age on race day. The Race Committee may decline to accept any application for entry for any reason.

SIGNATURE _____ DATE _____

Mail:
Scott Krell- c/o NWUltras
14010 67th Ave SE Snohomish, WA 98296
Make checks payable to Scott Krell