

Daniels Mountain  
1.6mi, 5K, 7mi Trail Run  
*Sunday, October 30st, 2011 at 9:00 AM*

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Daniels Mountain Trail Run Entry Form (Please print)  
Entry Fee: Adults \$20 (\$25 on race day). Children \$10.  
Mail check to: WABC p.o. box 6272 Brattleboro, VT 05301

Name \_\_\_\_\_ Age \_\_\_\_\_  
T Shirt size \_\_\_\_\_ (must sign up by Oct.15 to receive t-shirt)  
(only adults receive t-shirts)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone - Evening \_\_\_\_\_  
Day \_\_\_\_\_ M/F \_\_\_\_\_  
Email \_\_\_\_\_

(Circle one) Child 1.6mi run, 5k run, 7mi run

**Waiver & Release Form**

The following must be signed by the runner (or parent or guardian if under 18 years of age): I know that running in a trail race is a potentially hazardous activity. I should not enter 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 risk associated with running in this event including, but not limited to falls, contact with other participants, effects of the weather, traffic & conditions of the road and trail, all such risk being known and appreciated by me. I understand that the sponsors of this event do not maintain the trail, nor have they inspected it in full prior to the event. I understand that trail running is an inherently dangerous activity. I also understand that first aid and medical assistance will not be available immediately at all locations along the trail. Having read this waiver and knowing these facts, in consideration of your accepting my entry, I for myself/my child, hereby release & hold harmless on behalf of myself, my heirs, executors, administrators, and assigns, Woodman Athletics Booster Club, The sponsor and Woodman Athletics LLC and each of its officials, agents, & employees as well as any sponsors or promoters from any liability or claim for damages of any kind arising out of my participation in the Daniels Mountain Trail Run. I also consent to & permit emergency medical treatment in the event of injury or illness.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Signature of \_\_\_\_\_  
Parent/Guardian, if (under 18 years of age)

[danielsmtnrace@yahoo.com](mailto:danielsmtnrace@yahoo.com)

(802)254-4747