

2011 VRD LA SPORTIVA VAIL MOUNTAIN TRAIL RUNNING SERIES



PRESENTED BY SUUNTO

www.vailrec.com • 970-479-2280



Last Name: _____ First Name: _____

Gender: (Please Circle) M F Date of Birth: ____/____/____ Age: _____

Mailing Address: _____ City: _____

State: _____ Zipcode: _____ Phone: _____

E-mail: _____ Emergency Contact: _____

- May 14 La Sportiva Boneyard Boogie 10k
- June 18** La Sportiva Beaver Creek Summer Solstice Twilight Trail Run 5k (Not a series race) 10k
- July 3 La Sportiva 34th Annual Vail HillClimb
- July 24 La Sportiva Vail Half Marathon+ (14.1 Miles)
- August 7 La Sportiva 10k@ 10,000 Feet and 5k@ 10,000 Feet 5k (Not a series race) 10k
- August 28 La Sportiva Berry Picker Trail Run
- September 11 La Sportiva EverGold 5k (Not a series race) 7.1 Mile Race
- Entire Series (Register Before May 14)

\$28 Per Race Pre-Registration/ \$38 Race Day Registration Make checks payable to: Vail Recreation District

**Beaver Creek Summer Solstice Twilight Trail Run benefits the Vail Valley Charitable Fund (Registration includes dinner/entertainment) Make tax deductible checks payable to the Vail Valley Charitable Fund. Race is included in series registration. Costs are \$35 Pre-registration/ \$45 Race Day Registration

Registration and bib pickup will be available from 10 a.m. to 4 p.m. Fridays and Saturdays, preceding a race, at the Vail Recreation District, 700 S. Frontage Road, E. in Vail. A Vail Resorts release needs to be signed at pre-race bib pick up or you will not be allowed to race.

Total Due: \$ _____ Cardholder: _____

Account Number: _____ Expiration: ____/____ Visa MC AE

Agreement to Waive Legal Rights

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Park and Recreation District, Vail Valley Charitable Fund and/or the Town of Vail and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Park and Recreation District and/or the Town of Vail. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Signature: _____ Date: _____

Fax completed form to 970.479.2281 or by mail with payment to:
VAIL RECREATION DISTRICT, 700 S. FRONTAGE RD. E. VAIL, CO 81657

The VRD is an equal opportunity service provider and operates under special permission from the White River National Forest.

