

# Registration: The Rothrock Trail Challenge

Date: Saturday, June 4<sup>th</sup> 2011 Time: 8:00am Start

www.rothrockchallenge.com

Name	Age on race day (Required for Results):		
Street	City		
State	Zip		
Phone ( )	Email		
T-Shirt (Mens) S[ ] M[ ] L[ ] XL[ ]	Male [ ] Female [ ]		
T-Shirt (Womens) S[ ] M[ ] L[ ] XL[ ]			
Post Marked <b>On or Before</b> May 5 <sup>th</sup> \$45 [ ]	Post Marked <b>By</b> May 15 <sup>th</sup> \$55 [ ]		
<b>ABSOLUTE DEADLINE MAY 15<sup>th</sup> ..... (No refunds after May5<sup>th</sup>)</b>			

## Liability Waiver

In consideration of your acceptance of my application for participation in the Rothrock Trail Challenge, I, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property I may have, or which may accrue to me as a result of my participation. I discharge and release the Western Clinton Sportsmens Assoc, Commonwealth of Pennsylvania, Tussey Mountain Fun Center, the Rothrock Trail Challenge organizers, and its respective agents, committee(s), and any other involved employees, volunteers and representatives from all liability arising out of or connected in any way with my participation in the Rothrock Trail Challenge. Whether or not caused by the negligence of any of the above parties.

I acknowledge that there are inherent risks and dangers that may arise at any time during the Rothrock Trail Challenge. My participation is voluntary and is done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the Rothrock Trail Challenge. I attest that I am physically fit and sufficiently trained for the completion of this event. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties is not an admission of liability to provide or to continue to provide any such service and is not a waiver of any of said parties of any right hereunder. I understand that the serious accidents occasionally occur during hike/run events and that participants in the Rothrock Trail Challenge may sustain mortal or serious injury as a consequence thereof. Nevertheless, I agree to assume those risks and to release and indemnify and hold harmless all the persons mentioned above who might otherwise be liable to me (or my heirs of assigns ) for damages, of whatsoever kind or nature.

I attest that the equipment and clothing I will use in this activity is in good condition, and that I have the experience and ability to complete the activity safely, I understand that proper equipment in good condition can prevent serious injury. I agree to abide by the rules of this event as established by the Rothrock Trail Challenge Committee and to obey the directions of the event officials. I hereby grant full permission to the event organizers, committee(s), volunteers, and any other involved parties of the foregoing to use photographs, videotapes, motion pictures, or any other record of this event, including my name, likeness and/or voice for any legitimate purpose. I have read, understood and agree to the Liability Waiver on this form. (All unsigned entries will be Returned.)

Signature

Date

Parent or guardian signature if under age of 18 on 6/4/2011

Make checks payable to: PA Trail Dogs

Mail completed form to: Rothrock Challenge  
1200 Houserville Road  
State College PA 16801