

24-Hour Adventure Trail Run Application

Saturday April 26-27 2008: 7:00 AM Start

Mark (XX) Category:

_____ Solo - \$75 _____ Team (3 Runners) - \$70 per person _____ Team (4 Runners) - \$65 per person

_____ Mark Here if you/your Team will participate in the Charity Team Event

_____ Enter number of participants who desire lodging at the Cabin Camp (Include in Race Fee)

_____ Enter number of participants attending Pasta Party (add \$5 per person)

_____ Apply Late Fee, after 01 APR 2008 (\$15 for Solo Runner, \$25 for Team)

_____ ENTER TOTAL COST HERE

Team Captain or Solo Runner

Last name: _____ First Name: _____

M/F: _____ Age on Day of Race: _____ Date of birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Daytime Phone: _____

Shirt Size: _____ medium _____ large _____ extra large (*include all Team members*)

Note: The Race will be limited to the first 170 total participants. A waiting list will be kept for the race. All official correspondence will be made through the Team Captains. Teams must complete and sign waiver on one form. Must be 18 years of age on or before race date to register. Accommodations for the Cabin Camp will be on a first come first serve. The Cabin Camp sleeps approximately 170 people.

Payment: Make checks payable to **Athletic Equation, Inc**

Mail completed applications to:

24-Hour ATR
c/o Athletic Equation, Inc
11990 Point Longstreet Way
Woodbridge, VA 22192

For more information call Co-Run Directors Alex Papadopoulos (703)-403-0138 or Scott Crabb (703) 906-6709 or email AlexP@athletic-equation.com or crabbshack@aol.com

WAIVER: In consideration of the acceptance of my application for entry into the 24-Hour Adventure Trail Run (24-Hour ATR), I agree with the following contractual representations and agreements: I fully realize the dangers of participating in this endurance event, which traverses difficult, and hazardous terrain and which may expose me to dangerous conditions. I have been warned that I should not participate in the event unless I am in excellent physical condition and have trail running experience. I understand I may be exposed to various risks involving an event of this type, including, but not limited to injuries or death from foreseeable and unforeseeable factors which may include dehydration, extreme heat, high humidity, electrical storms, falls, animal encounters, hazards from vehicles, getting lost or being injured at a remote location where medical attention cannot be timely provided. I voluntarily accept all risks of participating in this event and for myself and anyone entitled to act on my behalf, waive and release 24-Hour ATR Run Directors, Committee Members, Prince William Forest Park, their officers, race volunteers, and Sponsors from all claims and 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. Further, I grant permission to all of the foregoing to use any photograph, video or recordings for any legitimate purpose. I also agree to abide by the decisions of race officials regarding my continuing in the race whether based upon failure to abide by rules, medical condition or other reasons.

Team Captain Signature: _____ DATE: _____

Team Name: _____

Other Team Members

Last Name: _____ First Name: _____

Date of birth: ____/____/____ Email Address: _____

***SIGNATURE: _____ DATE: _____

Last Name: _____ First Name: _____

Date of birth: ____/____/____ Email Address: _____

***SIGNATURE: _____ DATE: _____

Last Name: _____ First Name: _____

Date of birth: ____/____/____ Email Address: _____

***SIGNATURE: _____ DATE: _____