Virgil Crest Ultras

50 and 100-MILE SOLO, and 100-MILE RELAY TRAIL RACE

Virgil Crest 100 * September 25 – 26, 2010
www.VirgilCrestUltras.com

Name: _____ Gender: _____ DOB: ___ / ___ / ____

Address: _____ City: _____ State: ____

Zip: _____ Phone: ____-____-_____ Email: _____

Emergency Contact: _____ Phone: ___ / ___ / ___ At Race? Y / N

Pacer Needed: Y / N Qualifying Race: _____ Date: __/__/___ Time: ____

Cost Options (Please Circle Choices):

1. Experience Only: $170
2. Schwag Additions: Race Print: $15
   ArmSkins: $20
   Race Mug: $20
3. Meals (Pre/Post): $25
   Guests: $25 (# ____)

Total Cost From Above: $ _____

I understand that the trails that I will cover during this race are cared for by volunteer individuals and organizations and, in some sections more than others, left in a more natural and/or protected state. I further understand that no runner, crew, nor volunteer are permitted to remove downed branches, logs, rocks, or other course obstructions. If obstructions are encountered I agree to run or walk around such obstructions and notify the volunteers at the next aid station. Some of these obstructions can be cleared, others must be left at the request of trail segment managers. I understand that if a runner, or crew of that runner, are found to have cleared trail, they will be disqualified and remain ineligible for future entry into the Virgil Crest Ultras. Thanks so much for your cooperation with our community at large!

☐ I agree to these conditions by checking here. *(required)*

I know that running an ultra marathon is a potentially hazardous activity. I should not enter and run unless I am medically able and have properly trained. I agree to abide by any decision of a race official as to my ability to safely complete the run and will willingly agree to discontinue the race if asked to by a race official or medical provider for any reason. I assume all risks associated with running in this event, including, but not limited to, trail conditions and route finding, falls, environmental factors including humidity and temperature, traffic, as well as unforeseen medical complications including but not limited to cardiovascular irregularities and nutritional insufficiencies, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the race directors, all associated medical personnel, event volunteers, The Finger Lakes Running Company, Inc., New York State Department of Parks and Recreation and the State of New York, New York State Department of Environmental Conservation, the Cortland and Virgil Fire Departments, Gatherings Restaurant, Virgil Resort Cabins and Greek Peak Mountain Resort, the USA Track and Field Association, private land owners whose lands this race may cross, sponsors and volunteers and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I also grant permission for photographs, video, and audio recordings to be made and to use, distribute, transmit, publish, copy, or otherwise exploit any such material, whether in news releases, promotional packages, websites, or in any other manner or form and by any medium.

☐ I agree to the waiver by checking here. *(required)*

_____ ____/ ___/ _____

Signature Date

Checks Payable to: FLRC Mail To: FLRC c/o VCU, 215 E State St, Ithaca, NY, 14850. 607-275-3572