



3rd Annual VERTICAL MILE CHALLENGE

June 17, 2017 - 8:00 AM

Name (please print) _____ Age race day _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Running Club _____

Sex _____ Date of Birth _____ Shirt size (circle one) S M L XL XXL

First Vertical Mile _____ Yes _____ No _____

Number of Vertical Mile Challenges Completed _____

Emergency Contact _____ Emergency Phone _____

Email Address _____

Waiver and release: I agree to save, release, and keep harmless Alexander County, organizers of the Vertical Mile Challenge officials, participating sponsors, volunteers, and any other groups, agencies, or individuals involved with this event from all liability, claims, or demands for damages incurred by my participation or any of its related parts. I realize that participating in a race is a sometimes risky and potentially hazardous endeavor and I assume all responsibilities for my participating. I certify that I am properly trained, mentally fit, and medically able to participate in this event. I will not litter and I promise to have fun. I realize that the race director has the right to refuse any entry and that decisions rendered by the race director whether in participation or finish results will be final.

Signature (parent or guardian if under 18) _____ Date _____