



Registration Form

November 5th 2011

Lapham Peak State Park, Delefield, WI 53018

Note: ONE participant per registration. Registrations are non-refundable.

*REQUIRED FIELDS

*First Name

*Last Name

*Street Address

*City

*State

*Zip Code

*Phone

*E-Mail

_____ - _____ - _____

*Date of Birth (MM/DD/YY)

*Gender

|_|_| - |_|_| - |_|_|

Male |_| Female |_|

Event (check one)

1M Kids Run

10km Run

5km Run

5km Walk

Shirt Size

XXL

XL

L

M

S

No Shirt

Age Groups (check one)

14 & under

40-49

15-19

50-59

20-29

60+

Registration Fee (Check Line That Applies):

Pre-register me for Bergkönig Trail Run specified above (\$25.00)

Register me on Race Day for Bergkönig Trail Run specified above (\$30.00)

I cannot make it to the race but please send me a 2011 Bergkönig t-shirt (minimum donation \$30)

I would like to register for the race AND have included an additional donation!!!

Amount Enclosed (check or money order): _____

Credit cards are only accepted through online registration at www.active.com.

Please make your check payable to Maria Stuber with "Bergkönig" on the memo line and mail to: Bergkönig Trail Run, ATTN: Maria Stuber, PO Box 4245, Bennington VT, 05201

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY
(READ CAREFULLY BEFORE SIGNING)**

I understand that while participating in Bergkönig Trail Run activities, I will be engaging in physical activity which contains an inherent risk of injury. I agree to hold harmless and indemnify SVC and their race staff from any claim, and from any liability, loss, damages or expenses (including attorney's fees) resulting from a claim, brought by myself for loss or damage caused by conduct or negligence on the part of my participation. I also understand that in signing this document, I surrender all rights to make a claim or file a lawsuit against SVC and race staff for personal injury, property damage, wrongful death, products liability, breach of contract, or under any other legal theory, except in the cases of intentional wrongs or the gross negligence of SVC. I grant permission to the race director and SVC athletic training staff to seek medical treatment in the event of illness or injury. I further grant permission to the attending staff at a recognized medical facility to provide appropriate medical care. I agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that I am in good health and am able to participate in all activities.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE, I SIGNIFY ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:

Participant Signature _____ Date of Birth _____

Printed Name _____ Date Signed _____

SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR PARTICIPANTS UNDER 18 YEARS OF AGE. As the parent or guardian of the minor participant named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, and any other parent or guardian of the participant, intending that they be binding on me.

Parent or guardian's signature _____

Printed name _____ Date _____