



presented by  
MOUNTAIN EQUIPMENT CO-OP

## South Eastern Ontario Trail Running Series 2010 Early Bird Group Entry Form

### I will be participating in the following event(s):

Race Date	Venue	1/2 Marathon	Sport	Enduro	Children's Challenge
April 24	Dundas Valley		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 12	Durham		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 10	Rattlesnake		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 7	Terra Cotta		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 9	Albion Hills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHENA (Women over 160lbs)  CLYDESDALE (Men over 200 lbs)

First Name                      Initial                      Last name

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Apt. #                      Address

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City                      Prov.                      Postal Code

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Home Phone                      Cell/Business

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Email (for entry confirmation)

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Date of Birth (mm/dd/yyyy)                      Age on Race Day                      Shoe Size                      Gender

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Mountain Equipment Co-op Number? \_\_\_\_\_

Shirt Size:  S     M     L     XL     XXL  
 Youth:  S     M     L

*Note: Register for 4 out of 5 races before April 1<sup>st</sup> 2010, receive a free Salomon technical shirt, men's and women's styles available.  
 Children's Challenge participants qualify for a 100% cotton unisex t-shirt.*

### Medical Information:

Health Problems     None     Yes (List all medical conditions):  
 \_\_\_\_\_

Medications                       None     Yes (List name and dosage):  
 \_\_\_\_\_

Allergies                       None     Yes (List type of reaction, medical action required):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Race Bib #:** \_\_\_\_\_

### Registration Information:

**By Internet:** Register on-line at [www.5peaks.com](http://www.5peaks.com)  
**By Mail:** Complete the entry form and mail with payment information to:

**5 Peaks Trail Running Series**  
 4636 Hoskins Road,  
 North Vancouver, BC V7K 2R1  
 (ph. 604-988-2320)

**By Fax:** Fax your fully completed form with credit card payment information to 604-988-7984

### Race Entry Fee:

Race Date	Venue	1/2 Marathon	Sport	Enduro	Children's Challenge
April 24	Dundas		\$38	\$38	\$5
June 12	Durham		\$40	\$40	\$5
July 10	Rattlesnake		\$41	\$41	\$5
August 7	Terra Cotta		\$35	\$35	\$5
October 9	Albion Hills	\$51	\$41	\$41	\$5

### Calculations:

	Number of Races	Rate	Subtotal
1/2 marathon			
Sport			
Enduro			
Children's Challenge			
Processing fee		\$5	\$5

**Sub Total A** \_\_\_\_\_  
 GST (5% of Sub total A) \_\_\_\_\_  
**Sub Total B** \_\_\_\_\_

Charitable Donation (Donation receipts issued for amounts of \$50 or more)  
 Big Wild  \$10  \$25  \$50  \$100  Other \_\_\_\_\_  
**Sub Total C** \_\_\_\_\_

**(Sub Totals B + C) TOTAL** \_\_\_\_\_

Cash     Cheque     Visa     Mastercard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Waiver and Release:

I acknowledge participating at my own risk and hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims no matter how arising I may have as a result of having participated in this event including without limitation, negligence. I expressly confirm my understanding that my participation in this event is entirely at my sole risk and that the organizers and sponsors of the event, and their respective officers, employees, agents, and all volunteers or other persons engaged in the production of the event or other wise associated with it shall have no liability for any damages sustained by me or any injury or loss, including personal or property loss, which I might suffer. I acknowledge that my image may be recorded (by video or photograph) during the events. I agree to the use of my name and image in broadcasts, newspapers, brochures, promotional material and other media without compensation. (Or of parent if under 19)

Signature (or of parent if under 19): \_\_\_\_\_                      Date: \_\_\_\_\_