

# RUNNING WILD TRAIL RUN REGISTRATION

## 3 EASY STEPS

JUNE 8, 2024



### 1 FILL IN YOUR INFORMATION

(\*Required Fields)

\* NAME \_\_\_\_\_ HOW DID YOU HEAR ABOUT RUNNING WILD? \_\_\_\_\_

\* ADDRESS \_\_\_\_\_ \* CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP \_\_\_\_\_

\* PHONE # \_\_\_\_\_ \* EMAIL \_\_\_\_\_

\* GENDER  M  F \* BIRTHDATE (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_

CHECK ONE ⇨ ADULT SHIRT SIZE  S  M  L  XL YOUTH SHIRT SIZE  S  M  L

(Shirts are for 7K & 1 Mile participants only. T-shirts are guaranteed for runners registered before May 30th.)

**NOTE: Each individual participant needs a completed and signed form (i.e. you may not fill out a single registration form for your family, group, etc...).**

### 2 SELECT YOUR RACE & CALCULATE FEES

#### 7K Trail Run:

- Early-Bird: \$40
- After April 30: \$45
- June 7/8: \$50

#### 1 Mile LIFE Hike:

- Pre-registered: \$20
- June 7/8: \$25

#### Kid's & Wee Run:

- Pre-registered: \$5
- June 7/8: \$10

I would like to receive updates from Health Resources.

\* Total Enclosed:

\$ \_\_\_\_\_

\* Payment form:

- Cash
- Check  
Make checks payable to: "Health Resources Center"
- Credit Card  
Call Health Resources to pay by CC - 218.736.6050

### 3 SIGN

**WAIVER AND RELEASE:** I know that running a trail run is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks, known and unknown, associated with volunteering/running/walking/hiking in the 2024 Running Wild 7K/1 Mile LIFE Hike/Kids WILD and Wee Runs event including but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the course, falls, any injuries to my person or property, permanent disability or death. I understand and will abide by the rule that for safety, no wheeled vehicles or wheeled means of conveyance or pets are permitted. Having read and understood this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled on my behalf, waive and release, Running Wild, Maplewood State Park, Health Resources Center, volunteers, all city, county and state governments, and all race sponsors, their representatives and successors (the "Releasees") from all claims or liability of any kind, whether arising from the negligence or carelessness of the Releasees, or otherwise, to the fullest extent permitted by law arising out of my participation in this event. If, as a result of my participation in this event, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary. I accept financial responsibility for all expenses related to such medical care as well as travel to receive medical care. I grant permission to all the foregoing to use my name, photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I waive any right to approve or inspect the finished product or the advertising or other copy. I release the Releasees from all claims or liabilities of any kind for any violation of any personal or property rights which I might have in connection with such materials. I understand that all entries are final with no refund. The official race directors reserve the right in any event of emergency or local or national disaster to cancel the race or to change the day and/or time to a later day and that in the event of cancellations or change there is no refund of entry fees.

I have read this waiver and certify my understanding, compliance and agreement with its content with my signature below:

\* SIGNATURE (if under 18, parent or guardian must sign) \_\_\_\_\_

\* DATE \_\_\_\_\_

\* PRINT NAME \_\_\_\_\_

### QUESTIONS?

Please contact Race Directors  
Erin or Mary Ellen:

**EMAIL**  
runningwildtrailrun@gmail.com

**PHONE**  
218.736.6050

**FAX**  
218.998.9050

### MAIL FORM TO:

Health Resources Center  
126 E Lincoln Ave  
Fergus Falls, MN 56537