

DEADWOOD-MICKELSON TRAIL MARATHON

June 6, 2010

5 – PERSON RELAY ENTRY FORM

NAME OF TEAM: (REQUIRED) _____

TEAM CAPTAIN'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

BIRTHDAY _____ AGE ON RACE DAY _____

T- SHIRT SIZE:

Small _____ Medium _____ Large _____ Ex.Large _____ Dbl.XX _____

CATEGORY:

COED: (Any combination Male/female split) _____

FEMALE: _____

MALE: _____

CORPORATE: _____

YOUTH: (Under 20, NO GENDER QUALIFICATIONS) _____

ENTRY FEE:

Before May 15th _____ \$185 _____

Make your Marathon Matter: donate to Habitat for Humanity \$ _____

EXTRA COOL STUFF:

Runner's Cap Available in: Red, White, Black (Circle color) \$16 \$ _____

Dri-Fit TrainingTee: White Short Sleeve (I'M DOIN' DEADWOOD)
S _____ M _____ L _____ XL _____ \$24 \$ _____

Dri-Fit TrainingTee: Black Long Sleeve (I'm Doin' Deadwood)
S _____ M _____ L _____ XL _____ \$28 \$ _____

DMTM Hoodie: Dark Brown _____ Burgandy _____ Lt. Pink _____
S _____ M _____ L _____ XL _____ \$28 \$ _____

Pasta Buffet 5PM \$20 each, times # of tickets equals \$ _____

TOTAL Amount Enclosed (Add Entry Fee + Meal Tickets + Merchandise) TOTAL \$ _____

SEND ENTRY FORMS & CHECK TO: Lean Horse Productions
PO Box 7892
Rapid City, SD 57709

2nd TEAM MEMBER: _____

3rd TEAM MEMBER: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

BIRTHDAY _____ AGE ON RACE DAY _____

BIRTHDAY _____ AGE ON RACE DAY _____

T- SHIRT SIZE:

Sm _____ Med _____ Large _____ X-Large _____ Dbl.XX _____

T- SHIRT SIZE:

Sm _____ Med _____ Large _____ X-Large _____ Dbl.XX _____

4th TEAM MEMBER:

5th TEAM MEMBER:

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

BIRTHDAY _____ AGE ON RACE DAY _____

BIRTHDAY _____ AGE ON RACE DAY _____

T- SHIRT SIZE:

Sm _____ Med _____ Large _____ X-Large _____ Dbl.XX _____

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Sm _____ Med _____ Large _____ X-Large _____ Dbl.XX _____

RELAY INFORMATION

The DETAILS of this EVENT are subject to change. The latest information on the DMTM RELAY can be found on the website. Each team must have a participant for each leg of the Relay. There must be 5 Members on each team and each Team must have a NAME and a CAPTAIN. The CAPTAIN is responsible for the team payment and race-day logistics. The Relay will start at the same time, and at the same Start Line as the Full Marathon and follow the same course. Transportation to the Relay Points is the responsibility of the PARTICIPATING TEAM. (One exception: first leg runner has the option of taking the bus from Deadwood to the Start Line.)

- Leg 1 – 8.2 Miles – Marathon Start to the Cyanide Shack
- Leg 2 - 4.9 Miles – Cyanide Shack to Half Marathon Start
- Leg 3 – 4.6 Miles – Half Marathon Start to Englewood Trailhead
- Leg 4 – 4.3 Miles - Englewood Trailhead to Kirk Trailhead
- Leg 5 – 4.2 Miles - Kirk Trailhead to the Finish Line in Deadwood

RACE WAIVER

I know that running a trail/road race is potentially hazardous activity. I should not enter and run less I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat or humidity, traffic and the condition of the trail/road, and 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 acting on my behalf, waive and release the race organizers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

As the team captain, I am signing this release on behalf of my 4 teammates and I have shared the information in the waiver with them along with the fact that I am signing on their behalf.

TEAM CAPTAIN SIGNATURE _____ DATE _____

PARENTS SIGNATURE IF UNDER 18 _____ DATE _____

EMERGENCY CONTACT: Name _____ Phone _____

For other information visit: <http://deadwoodmickelsontrailmarathon.com>
Questions:contact Emily Wheeler at 605 390 6137 or DMTMInfo@rap.midco.net