

DEADWOOD-MICKELSON TRAIL MARATHON DEADWOOD-MICKELSON TRAIL HALF MARATHON June 5, 2011

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL ADDRESS _____
 SEX: M ___ F ___
 BIRTHDATE _____ AGE ON RACE DAY _____
 FINISHER'S SHIRT: SIZE S ___ M ___ L ___ XL ___ XXL ___ (\$3 extra for XXL only)

ENTRY FEES

MARATHON

June 6 -- Jan 29 \$ 65.00 _____
 Jan 30 -- May 15 \$ 80.00 _____

HALF MARATHON:

June 6 -- Jan 29 \$ 55.00 _____
 Jan 30 -- May 15 \$ 70.00 _____

Mail In Entry **DEADLINE** for FULL & HALF Marathon is **May 15!**

NO REFUNDS after **APRIL 1**

No EVENT SWITCHING after **MAY 1.**

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 ___ \$30 \$ _____

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

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

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.

SIGNATURE _____ DATE _____

PARENTS SIGNATURE IF UNDER 18 _____ DATE _____

EMERGENCY CONTACT: Name _____ Phone _____

Mail Entry Form & Check to: **Lean Horse Productions, PO Box 7892 Rapid City, SD 57709**

For other information visit: <http://DeadwoodMickelsonTrailMarathon.com>

Questions: 605 390 6137 or dmtminfo@rap.midco.net