DEADWOOD-MICKELSON TRAIL MARATHON
DEADWOOD-MICKELSON TRAIL HALF MARATHON
June 6, 2010

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
Oct. 1 - - Jan 29 **$ 65.00**_____
Jan 30 -- May 15 **$ 80.00** _____

HALF MARATHON:
Oct. 1 - - 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**