



GIANTS DESPAIR CHALLENGE

REGISTRATION

August 4, 2010 Cycle____ August 11, 2010 Run____

Both Run and Cycle ____

NAME: _____

ADDRESS: _____

CITY, ST ZIP: _____

PHONE#: _____ EMAIL: _____

GENDER: _____ MALE _____ FEMALE _____ AGE: _____

SHIRT SIZE: _____ SMALL _____ MEDIUM _____ LARGE _____ X-LARGE

"If necessary, I hereby authorize the above-named athlete to be treated by any qualified licensed medical personnel."
"I know that participating in a obstacle course race 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 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 effect of weather including heat and/or humidity, traffic and the conditions of the course, all such risks being appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers, the City of Wilkes Barre, 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 the waiver"

SIGNATURE: _____ DATE: _____

If under 18, a signature of a parent or guardian is required prior to participation.

\$12 Advance payment/race - \$20 Advance payment for both races

Mail to:

**Wilkes Barre Racing, 222 Wyoming Ave., Kingston, PA 18704
Checks payable to Wilkes Barre Racing, Inc.**