

# Pre-Registration Form

## 2016 Dirt Days Trail Series

**RACE #** \_\_\_\_\_

Please print **NEATLY!**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

PHONE \_\_\_\_\_

AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

GENDER (Circle one)            M          F

Have you entered a previous Trail Series Race this year?    Y          N

EVENT (Check)

\_\_\_\_\_ Run for the Green - \$13 or \$25 with Long-sleeved T-shirt (payable to Deerfield Twp)

\_\_\_\_\_ Ault Park - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ Mt. Airy 5.4 - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ Mt.Airy 10.6 - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ French Park - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ East Fork 5.6 - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ East Fork 10.8 - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ Powder Keg 5K - \$13 or \$23 with short-sleeved t-shirt (payable to Deerfield Twp)

\_\_\_\_\_ Glenwood Gardens - \$13 or \$28 with 2016 Dirt Days Tech shirt

\_\_\_\_\_ Shawnee Lookout - \$13 or \$28 with 2016 Dirt Days Tech shirt

**Checks payable to: "DIRT DAYS" unless otherwise noted. Use separate checks if necessary**

**Mail to: Greg McCormick, 10119 Crosier Lane, Cincinnati, OH 45242**

Waiver: In consideration of acceptance of my entry, I hereby waive on behalf of my heirs, executors and assignees, all claims of any nature arising from my participation in the Trail Run Series and do hereby release and forever discharge the Ohio Department of Natural Resources, the Army Corps of Engineers, Running Time, LLC, Fleet Feet Sports, The City of Cincinnati Parks Dept., The Hamilton County Park District, the local township of each locations, all sponsors, direct and indirect, and all their respective employees, officers, agents, officials, and volunteers from any and all liability for personal injury or property damage sustained during any of the Dirt Days Trail Run events, whatsoever arising from my participation in these events. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such a run and have trained adequately in preparation. I have noted any relevant medical conditions on this form.

Entrant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
required for entrants under 18

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
**Or: put "at race"**

Relevant Medical Condition: \_\_\_\_\_