



40th Anniversary SALOMON Frisco Gold Rush



Complete the entry form below and mail with your check (payable to Event Marketing Group LLC) to:

Event Marketing Group
14128 Blue River Trail
Broomfield, CO 80023

Photocopies are acceptable. IF MAILED, Form and Entry Fee must be received by February 1. All mail-in registration will be available for event day pick-up.

Name _____
First Last

Mailing address _____

City _____ State _____ Zip _____

Day Phone _____

E Mail _____

Male Female

Age (as of 2/7/2010) _____

Entry Fees

\$19 - 14 & under & 60+ (all events)

\$25 - 15 & older (all events)

\$5 - Day of Event Late Fee per race

Entry Fees are non-refundable. For an additional \$5, entrants may participate in an additional race/per site. Please make checks available to Event Marketing Group LLC.

Please check the race(s) that you are registering for. The races designated are the ones that will be timed (no more than 2 ski races, and/or 1 snowshoe):

Bib #(s) _____ (official use only; **one distinct bib # per race**)

SKI 5K Classic _____ 10K Classic _____
 5K Skate _____ 10K Skate _____ 20K Skate _____

SNOWSHOE 7K Snowshoe _____

Total Enclosed \$ _____ (*\$25 charge will be assessed for returned checks*)

Acknowledgment and Assumption of Risk and Release

In consideration of my entry, I, intending to be legally bound for myself, my executors, administrator and assignees, do hereby waive and release the sponsors of this event and all persons and agencies connected with this event from all claims for damages, injuries or death, arising from my participation in and the travel to and from this event. I recognize that I may become injured or incapacitated in a location where it is difficult for management to get required medical aid to me in time to avoid physical injury or even death. I also certify that I am physically fit and adequately trained to participate in this event. I also understand and agree that a sponsor may subsequently use for publicity and/or promotional purposes my name and/or pictures of me participating in this event without obligation or liability to me. I also understand entry fees I pay are non-refundable. I have read this waiver carefully, and having done so I am signing it voluntarily.

Signature _____ Date _____

For athletes of minor age

This is to certify that, as a parent/guardian of this participant, I do consent to be bound by each of the items and conditions identified above.

Parent/Guardian Signature _____ Date _____