

# MUD MOUNTAIN MELEE 8K TRAIL RUN

## Saturday, May 19th, 2012

Mud Mtn. Dam Recreation Area, Enumclaw, WA 98022

**8:00 am packet pickup**

**8K - 9:00 am start**

Please complete and return this form with your registration fee- one form per person.  
Please make checks payable to Plateau RC and mail to:

Plateau RC  
P.O. Box 1293  
Enumclaw, WA 98022



There are no refunds/transfers.

Email- Kevin@plateaurc.com

**Phone**- 253-397-6251

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Please print

Address \_\_\_\_\_ Gender (circle) Male Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_

Pre-Registration on/before May 12th	\$25.00	_____
Registration Day of Race	\$30.00	_____
18 and under on/before May 12 <sup>th</sup>	\$15.00	_____
18 and under Day of Race	\$20.00	_____
Tech Shirt	ADD \$5.00	_____

TOTAL AMOUNT ENCLOSED- \$ \_\_\_\_\_

**Bib No.**

T Shirt \_\_\_\_\_ Tech Shirt \_\_\_\_\_ Size (circle) Sm Med Lg XL XXL(add \$2)

### Release & Waiver

I know that participating in a walk/running race on trails is a potentially hazardous activity. I should not enter the Mud Mountain Melee 8K run unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the event. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including high heat, traffic and the conditions of the trail, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf waive and release Kevin Myers, Plateau Running Club, RRCA, all sponsors, Army corps of Engineers and their representatives and successors from all claims or liabilities of any kind arising out of my participating even though said liability may arise out of my negligence or carelessness on the part of the persons named in the waiver. I grant permission for all the foregoing to use any photographs, motion pictures recordings or any other record of this event for any legitimate purpose.

Signature and date \_\_\_\_\_

Parent signature if under 18

Emergency Contact and Phone Number \_\_\_\_\_