



2nd Annual Heart of Telluride 10K/5K Saturday, October 2, 2010

PLEASE PRINT CLEARLY (NAME WILL APPEAR ON RESULTS AS SHOWN BELOW)

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Male Female

Birth date _____ Age on Race Day _____

T-Shirt (included in entry fee) Size S M L XL

ENTRY FEE: \$25.00 per person in advance; \$35 per person on race day
Includes \$.50 Town of Telluride event tax. EVENT: 10K run 5K walk/run

PAYMENT: We accept Mastercard, Visa, American Express or check

VISA/MC/AMEX # _____

EXPIRATION DATE _____ SECURITY CODE _____
(ON THE BACK OF YOUR CARD)

SIGNATURE (required for credit card payments) _____

Or make checks payable to: Telluride Running Club

If paying by check, mail to: Telluride Running Club
PO Box 2435
Telluride, CO 81435 TOTAL AMOUNT ENCLOSED \$ _____

Entry Fees are NON REFUNDABLE. For more information: Phone: 970-728-3001 FAX: 970-728-6226
Email: info@telluriderunning.com or check our web site at www.telluriderunning.com

RELEASE AND WAIVER STATEMENT

In consideration of the acceptance of this entry in the 2nd annual Heart of Telluride 10K Run, and/or 5K Walk/Run, I release the Telluride Running Club, San Miguel County, the Town of Telluride, the race directors, and any sponsor of the races and their respective officers, members, agents and employees for all actions, claims and demand of any kind and nature that may arise from or in connection with my participation or proposed participation in any aspect of the races accepting the risks involved including but not limited to those risks involved with road racing such as sharing the road/race course with motor vehicles during the race, and waiving all rights of any kind that might otherwise exist. I will not enter or participate unless medically able and properly trained. I also know that there may be traffic on the course route. I assume the risk associated with this event, including high heat and/or humidity, and the conditions of the roads, all such risks being known and appreciated by me. In addition, I waive any claims I might have in connection with cancellation of the races for whatever reason. I represent that my physical condition to the best of my knowledge, is adequate to compete safely in a distance race. I authorize and consent to the publication by the Telluride Running Club, whether by television, newsprint, written advertisements or otherwise, of any materials containing my name or picture, and I release to the Telluride Running Club and all persons acting under authority from it any claim I might have due to initial or subsequent publications of such material. I sign on behalf of myself and my heirs, personal representative and assigns.

SIGNATURE OF ENTRANT _____ Date _____

(REQUIRED OR WILL DELAY PROCESSING) (If runner is under 18, signature of their parent or guardian is required)