



February 22, 2014 at Oxbow Park, 5731 County Road 105 NW, Byron, MN

Mail Entry Forms and make Checks payable to:
Clinicians of the World
P.O. Box 116
Rochester, MN 55903-0116

Name: _____ Age: ____ Sex: ____ Phone: _____ email: _____

Address: _____ City: _____ State: _____ Zip _____

Check one Children's: \$8 _____ Adults: _____ + shoes _____

Waiver: I know that running [volunteering for] a snowshoe or trail race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I assume all risks associated with running/walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, and animals are not allowed in the race and I will abide by all race rules. 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 Clinicians of the World, the county of Olmsted, MN, and all event organizers and sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature (parents signature if under 18)

Date