

REGISTRATION FORM FOR MARQUETTE TRAIL 50K/50M ULTRAMARATHONS

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Male: _____ Female: _____

Age on Race Day: _____ Registrants must be 16 years old. Tshirt size (they run large): _____

Email Address: _____ Please print legibly

Contact Person and Phone Number: _____

I am Registering for the 50K: _____ 50M: _____

Mastercard: _____ Visa: _____ Number: _____

Three digit number on back of card: _____ Expiration date: _____

Waiver of Liability: I am entering this race on my own volition. By entering this race I attest that I am healthy and trained to actually finish the race . I understand that this is a serious athletic event, not some little stroll in the woods, and there are significant health risks associated with it. I understand I could fall and hit my head or be maimed and die while trail running. I could have a heart attack. I could break bones and be disabled for life. I could get hit by a car or other motorized vehicle at a road crossing or while running on the two-track trail. I could be struck by lightning. I understand the aid stations are far apart and I attest that I will be able to carry fluid and food to sustain me. There are many other bad things, too many to list, that could happen to me during the event. If I am injured or killed during this event, either through my fault or the fault of the organizers, or anyone else, I will hold Joseph Jameson, Superiorland Ski club, the State of Michigan, the Noquemanon Trail Network, and any other parties or land owners blameless.

By signing below, I acknowledge that I have read the above, and agree with it.

I have read the above, signed: _____ Date: _____

Please make checks out to Joseph Jameson/MMTR

Contact: jjameson@chartermi.net 906-228-9012 Website: www.marquettettrail50.com

Send to Joseph Jameson, 518 E. Ohio, Marquette, MI 49855