

Psycho Psummer & Psychopathic 5K Trail Race

50-Kilometer, 15-Mile, and 5-Kilometer Trail Races

Saturday, July 05, 2008

Wyandotte County Lake Park

Kansas City, Kansas

8:00 a.m. start

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country
(if not USA)

E-mail Address: _____

Phone # _____ Shirt size (Circle one) S M L XL XXL

Date of Birth (mm/dd/yy)____/____/____ Age on 07/05/2008 _____ Sex (Circle): M F

Number of Ultramarathons completed: _____ Number of trail races completed _____

Race Entry (Check race)

_____ **Psycho Psummer 50-Km** (\$30 (early bird), \$40 (after June 1, 2008), \$60 (after June 20, 2008)) \$ _____

_____ **Psycho Psummer 15-mile** (\$30 (early bird), \$40 (after June 1, 2008), \$60 (after June 20, 2008)) \$ _____

_____ **Psychopathic 5Km** (\$25 (early bird), \$30 (after June 1, 2008), \$50 (after June 20, 2008)) \$ _____

Name, Address & Phone # of Person to Contact in case of an emergency:

Name	Address	Phone #	Relationship
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WAIVER: By signing below, you agree, warrant and covenant as follows: I know that running and volunteering in running events are potentially hazardous activities. I assume all risk associated with these activities. I hereby waive and release, for myself and anyone entitled to act on my behalf, the Kansas City Track Club, the Road Runners Club of America, and all sponsors and race officials from all claims of any kind arising out of my participation in this event. In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against the Psycho Psummer Trail Run/Psychopathic 5K, and its affiliates, Action Events Inc, the Kansas City Track Club, the Unified Government of the City of Kansas City (Kansas), the County of Wyandotte, the State of Kansas, Wyandotte County Lake Park, their agents, employees, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in this Psycho Psummer Trail Run/Psychopathic 5K event and any pre- and post- event activities. I understand that this event may cause serious bodily harm including broken bones and even death. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I understand fully that race management can remove me from the race for any legitimate reason they see fit. Be aware that the director(s) and officials of our race event(s) may postpone or cancel said event(s) for safety reasons due to severe weather, high winds, near-by lightning, or "other" serious safety issues. We are not responsible for weather-related and "other" safety issues beyond our immediate control. We reserve the right not to reimburse entry fees for races postponed or cancelled due to safety issues. Further, I hereby grant full permission to any and all of the foregoing to use any photographs of this event for any legitimate purpose including event advertising.

Signature: _____ Date _____

Signature of Parent (if under 16 years old) _____ Date _____

**Please sign, date and return the waiver. Make checks payable to "KCTC" and mail to:
Kansas City Trail Nerds, PO Box 3447, Shawnee, KS 66203**