



## 2010 WINTER TRAIL SERIES

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- **Washes After 5 mile-ish** : Saturday, February 27, 2010 at 8am at Washoe State Park, Washoe Valley
  - **Centennial Slug It Out 10k** : April 3, 2010 at 8am at Centennial Park, Carson City
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### **Event Detail:**

**Entry:** **ONLY** \$20 per event per person. Once entered, final updates will be emailed a couple of days before the events. Packet pick up will be held at Ascent Physical Therapy the day before the event. Race day packet pick up is available if preregistered. **THERE IS NO RACE DAY REGISTRATION.**

**Race format:** Both of the above courses will be 100% trail. The routes were designed to aid in your training for upcoming trail events in the region. So, expect steep ups and downs, lots of elevation gain, poor footing in places, and an overall GOOD TIME! There will be no aid offered on the courses, although there will be a sweep runner in case of an emergency. Runs will happen rain, snow, or shine, so come ready for a variety of conditions.

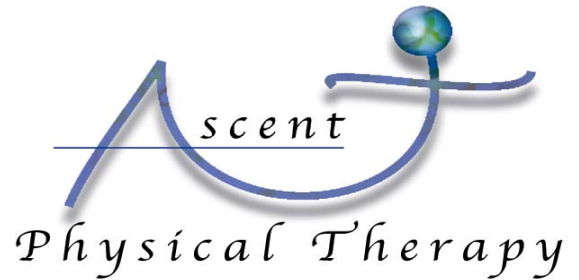
**Shirts:** Each participant will receive one shirt for their entry into one or both events.

**Post Race:** Refreshments provided.

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**Entry:** Mail or drop off entry form (on reverse) and payment to:

**Ascent Physical Therapy**  
3246 N Carson St. Suite #120  
Carson City, NV 89706  
775-885-9965  
[ascentruns@gmail.com](mailto:ascentruns@gmail.com)



## WINTER TRAIL SERIES ENTRY FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: SM MD LG XL

Event(s) Entering: Check all that apply

\_\_\_\_\_ **Washoes After 5 mile-ish**: Saturday, February 27, 2010 at Washoe State Park, Washoe Valley - \$20

\_\_\_\_\_ **Centennial Slug It Out 10k**: April 3, 2010 at Centennial Park, Carson City - \$20

Number of Events Entering: \_\_\_\_\_ x \$20/event = \$ \_\_\_\_\_ Total payment

Mail or drop off entry to: **Ascent Physical Therapy** 3246 N Carson St. Suite #120 Carson City 89706

### Release and Waiver of Liability

(Must be signed by participant or by parent or guardian if participant is under age 18): In consideration of the acceptance of this entry, I the above signed, do hereby for myself, my executors and administrator, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS for damages I may have or acquire against Ascent Physical Therapy, all race organizers, sponsors, volunteers, beneficiaries, advertisers, employees, USATF, and Federal, State and local governments or private parties on whose property this event may be run, and their representatives and successors, including any and all claims for damages caused by the negligence of any of them for any and all injuries suffered by I, the participant in this event and its related activities. I acknowledge that my participation in this event is a hazardous activity and voluntarily assume all risks associated with participating. I verify that I am physically fit and sufficiently trained for completion of this event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising without monetary payment to me.

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature / If participant is under 18, signature of parent/legal guardian

\_\_\_\_\_  
Date