



Teton Valley Trails And Pathways
13th Annual Horseshoe Challenge
September 15th, 2018



Registration \$40 if received by September 14th, \$45 day of race. Registration 7am to 8:45 AM race day.
Please make check payable to Teton Valley Trails and Pathways (TVTAP)
Mail entry form and fees to: TVTAP, PO Box 373, Driggs, ID 83422 (208) 201-1622

PARTICIPANT NAME _____ BIB# _____

ADDRESS _____

PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

Please circle and list the appropriate information:

12k Run, 12k Walk, 1/2 Marathon Run MALE FEMALE AGE_____

CANCELLATION: TVTAP reserve the right, in their sole determination, to postpone, cancel, or modify the Horseshoe Challenge due to weather conditions or other factors beyond the control of TVTAP that might affect the health and/or safety of Participants. TVTAP will not be obligated to refund any Participant any registration fees due to a cancelled event.

DOGS: Leave your dogs at home. Should you decide to bring your dog, it shall be leashed at all times or you will be asked to leave. Dogs shall not accompany runners during the race.

CARPOOLING: Please carpool as parking is limited. Contact TVTAP if you need help in coordinating a ride.

WATER: Although there will be a water station on each route, you are strongly encouraged to bring a personal supply of water and a handheld water bottle.

INSURANCE: All participants are responsible for the provision of their own personal insurance coverage. TVTAP shall not be responsible for the physical or psychological condition of participants. Therefore, each participant voluntarily enters at his or her own risk.

MANDATORY WAIVER: Each entrant shall sign the "Acknowledgement of Risk" section on the next page before being permitted to participate in the Horseshoe Challenge.



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ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, & COVENANT NOT TO SUE

I _____ recognize that there is an element of risk in any adventure, sport, or activity associated with the outdoors. I understand that TVTAP is not responsible for the conditions of the trails because the Horseshoe Challenge is a strenuous footrace race over remote public lands under the jurisdiction of the U.S. Forest Service. I am fully cognizant of the risks and dangers inherent in Horseshoe Challenge and I knowingly assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, wildlife, insects, trees, and the conditions of the road. As a steep and challenging footrace over rugged terrain, all of these risks are known and appreciated by me.

CERTIFICATION OF GOOD HEALTH: By my signature below, I certify that my family and I, including minor children, are fully capable and medically able to participate in the Horseshoe Challenge. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Horseshoe Challenge, an extremely difficult race over rough and wild terrain. I further certify that I am responsible for my own safety and wellbeing at all times and under all circumstances before, during, and after the Horseshoe Challenge.

PERSONAL ASSUMPTION OF RESPONSIBILITY: I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activity.

CONSENT TO FIRST AID: I, on behalf of myself, and/or my minor children consent to administration of first aid and other medical treatment and related services, including evacuation and/or transport, in the event of injury or illness in connection with participation in the Horseshoe Challenge and hereby release and indemnify TVTAP from any and all liability or claims arising out of such treatment and/or services.

SEVERABILITY: If any of the provisions of this Acknowledgement of Risk, Release of Liability, & Covenant Not To Sue shall be deemed by a court of competent jurisdiction to be invalid or unenforceable in any respect, then, to the fullest extent permitted by applicable law, all other provisions hereof shall remain in full force and effect.

Participant: _____ Minor Children: _____

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation of the Horseshoe Challenge.

Parent/Guardian Signature(s) _____

Participant Signature _____ Date: _____