

SCHIFF-SCOUT
MOUNTAIN BIKE DUATHLON AND RELAY

Sunday, April 27, 2008

9:00 AM RAIN OR SHINE

TRAIL RUN: 2 MILES MOUNTAIN BIKE: 10 MILES TRAIL RUN: 2 MILES
FIELD LIMITED TO 300 PEOPLE.

ENTRY: \$50.00 INDIVIDUAL, \$90.00 RELAY

AFTER 4/17/08: \$55.00 INDIVIDUAL, \$95.00 RELAY

RACE DAY: \$60.00 INDIVIDUAL, \$100.00 RELAY

USAT ONE DAY FEE: \$10.00 – (Must be paid if you do not hold a USAT Membership Card)

MAKE CHECKS PAYABLE TO:

DIRTY EVENTS
11 SANSUN LANE
ST. JAMES, NY 11780

ALL ATHLETES MUST SIGN THE WAIVER AND MUST PUT ALL AGES DOWN FOR RELAYS.

NO VIEWING OF THE COURSE ALLOWED BEFORE RACE DAY.

PACKET PICK UP ON SUNDAY, April 27, 2008, FROM 7 AM TO 8:30 AM.

LOCATION: SCHIFF-SCOUT CAMP, WADING RIVER ROAD, WADING RIVER, NY

DIRECTIONS: LIE TO EXIT 69, GO NORTH OVER RT. 25, CAMP IS ABOUT 1 MILE DOWN ON THE RIGHT SIDE.

FOR INFORMATION CALL: (631) 584-5886 OR SEND A SELF-ADDRESSED, STAMPED ENVELOPE.

ATHLETES UNDER 18 YEARS OLD MUST HAVE A PARENT OR GUARDIAN SIGN THE WAIVER

Last Name _____ First Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Individual _____ Clydesdale / Athena _____ Relay _____

Male _____ Female _____ USAT # _____ E-Mail: _____

Relay Ages on Race Day: Runner _____ Biker _____ Runner _____ Team Name: _____

T-shirt size: M ___ LG ___ XL ___ Relay T-shirt sizes (place number needed) M ___ LG ___ XL ___

Please fill out entry blanks, read the following statement, and sign below.

In consideration of your accepting this entry, the undersigned intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Dirty Events, Schiff Scout reservation, all sponsors, the people of New York, their offices, agents, and employees, for all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to any of the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any purpose whatever.

Signature _____ Date _____