

Number: _____
For Staff Use Only



DATE: Saturday, October 25, 2008

Lost in the Lost Pines Trail Run

PLACE: Start and Finish at Bastrop State Park Refectory

TIME & DISTANCE: 9:00 am – 5 Mile Trail Run/Hike! 8:30 am 1K Kid’s Run!

ENTRY FEE: Registration fees: \$15 adult pre-register, \$20 on race day: \$5 child pre-register (9 & under) \$7 on race day. T-shirts to all entrants. **NO REFUNDS:** including weather cancellations.

PACKET PICK UP: Saturday, October 25, 2008 7:30 am - 8:45 am at Registration Desk at Bastrop State Park Refectory

AWARDS: Plaque for 1st Place Male and Female finishers.

MAIL TO: Friends of the Lost Pines
P.O. Box 1714
Bastrop, Texas 78602

One form per participant, please. **CHECK PAYABLE TO:** Friends of the Lost Pines

PLEASE PRINT CLEARLY BELOW

NAME: _____ **AGE:** _____ **SEX:** (Circle) M F

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____ **CELL:** _____ **E-MAIL:** _____

CHECK #: _____ **Tee Shirt Size:** S M L XL _____

EVENT: (Check one) Timed Trail Run Family _____ Children’s Run _____

WAIVER OF LIABILITY

I know that running a trail race and being involved in a family walk is a potentially hazardous activity and I should not enter myself or a family member unless I am or they are medically able and properly trained. I agree to abide by any decisions of any race official relative to my ability to safely complete the run and/or walk. I assume all the risks associated with running and /or walking this event including but not limited to: falls, the effects of weather, including rain, high heat and humidity, contact with other participants, traffic and the conditions of the road, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Friends of the Lost Pines, any participating sponsors, volunteers, race staff, officials and Texas Parks and Wildlife Department, their representatives, and successors from all claims and liabilities of any kind arising out of my participation of this event, even though liability may arise out of negligence or carelessness of the persons or organizations named in the waiver.

Signature of Participant: _____ **Date:** _____
(Parent signature if participant under age 18)