2020 Mt. Tom Snowshoe Scramble

January 25, 2020

Name:	Age:	Gendei	r:		_
Address:					
Email address:	Phone number:				
Emergency contact:	Emergency number:				
Day of registration fee is \$25. Checks car	n be made out to: Be	east Coast T	rail Runr	ning.	
I understand that running at the Mt. Tor which could cause injury or death. I here		•	•	ardous activ	ity,
Please place your initials on each line to sho	ow you've read and ag	ree with each	stateme	ent.	
I will not participate unless I am mossignature, I certify that I am medically at am properly trained.					d I
I agree to abide by any decision of participation in this event, including the for any reason whatsoever.				•	tion
I attest that I have read the rules o	f the race and agree	to abide by	them.		
I assume all risks associated with recontact with other participants, the effe traffic and the conditions of the road and me.	cts of the weather, i	ncluding hig	sh heat a	and/or humi	dity,
Having read this waiver and knowing the entry, I, for myself and anyone entitled to Snowshoe Scramble, Beast Coast Trail Rarepresentatives, successors or assigns from participation in this event, even though on the part of the persons named in this use my photographs, motion pictures, relegitimate purpose.	to act on my behalf, acing, management, om all claims or liab that liability may ari s waiver. I grant perr	waive and r and sponso ilities of any se out of ne nission to al	elease Nors, their kind arigence	At. Tom sing out of r or carelessi	ness
Athlete Name:		Date:	/	/	
Athlete Signature:					