

ENTRY FORM

Montana Cup

18th Annual Team Cross Country Running Championship
Hosted by the Bozeman Running Community, **Saturday, October 31st, 2009**

Location: Lindley Park – Please, no alcohol on city of Bozeman park property.

Driving Directions: Take I-90 exit 309 into Bozeman and proceed west on Main Street (US 191), turn left at Highland Blvd., turn right at Ellis Lane, park in west lot of Bozeman Deaconess Hospital.

Parking: Once on the property, you will be met with signs and/or verbal instructions for parking.

Check in/race day registration: Opening 10:00 a.m.; closing 11:30 a.m. for men, and 12:30 p.m. for women.

Race Time: Men's race - Noon
Women's race - 1:00 p.m.

Course: 5k to 8k challenging cross-country running over rough terrain with grass, packed dirt, gravel, moderately steep ups & downs with poor footing, and possible mud/snow crossings, etc. Any type of running/racing shoe with adequate traction and protection is appropriate.

Scoring: Team scores include team's top 5 placers. Low team score wins. Ties decided by 6th runners.
More complete race rules are available at www.montanacup.com.

Team Awards: MONTANA CUP traveling trophies to top Open female & male teams.
MASTERS CUP traveling trophies to top Masters (40 & over) female & male teams.
CYPPEE CUP traveling trophies to top Junior (19 & under) female & male teams.

Individual Recognition: Top 7 Men & Women Finishers -- "All Montana Team"
Top 7 Men & Women Masters (40 & over) Finishers, and
Top 7 Boys & Girls Junior (19 & under) Finishers.

Refreshments: Complimentary and plentiful refreshments provided at awards ceremony.

Awards Ceremony: As soon as results are tabulated and verified.

Directions to Awards Ceremony: The awards ceremony will be held at Lindley Pavilion, which is approximately 800 meters north of the race start and parking area.

Results: Announced at awards ceremony and posted at www.montanacup.com.

Entries:

- Please register by mail if possible! Although allowed, race day registration burdens those responsible for accurate and timely computer data entry, scoring and results.
- You must represent the Montana city team that you live in or nearest to (team regions defined exactly at www.montanacup.com).
- No limit on number of runners per team.
- **Montana residency required**, & may be verified at registration: Residency defined as “currently living, working, or schooling inside Montana.” This includes military personnel stationed in state.
- Non-residents, and athletes listed on the roster of any collegiate cross-country team, may run as unaffiliated/ non-scoring competitors. Not eligible for awards.

Places to Stay Near Meet Site:

Blue Sky Motel
1010 E. Main, Bozeman, MT 59715
406/587-2311

Imperial Inn Bozeman
122 W. Main, Bozeman, MT 59715
800/551-2409

Western Heritage Inn Bozeman
1200 E. Main, Bozeman, MT 59715
406/586-8534

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT -- READ BEFORE SIGNING
In consideration of being allowed to participate in any way in the 2009 Montana Cup cross-country meet, its related events and activities, I, the undersigned, acknowledge that:

1. I know that the Montana Cup cross-country race is hazardous and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I understand I should not enter and run unless I am a medically able and properly trained Montanan. I understand and appreciate the inherent dangers, and I assume all risks associated with running including, but not limited to, falls, contact with other participants, the effects of the weather (including extreme cold and snow), the conditions of the course, including obstacles, potholes, rocks and roots, extremely steep inclines and descents with poor footing all of which present serious risk of injury.
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of race officials immediately; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Montana Cup cross-country meet, The Big Sky Wind Drinkers, The City of Bozeman, Bozeman Deaconess Hospital, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Early registration: Early entries must be received by Monday, October 19.

\$10 **IF** you have a team jersey from a previous year.

\$25 includes new team jersey. You must wear an official team jersey to race.

Late/Race-Day Registration: Please register by mail if possible! Although allowed, race day registration burdens those responsible for accurate and timely computer data entry, scoring and results.

Add \$5 to fee after Monday, October 19. Team jersey not guaranteed with late/race-day registration.

Write checks to "The Big Sky Wind Drinkers," or "BSWD"

Mail to: Montana Cup, c/o Jenna Rettenmayer, 1718 South Black Ave Apt D, Bozeman, MT 59715

Information: John Zombro, 406-585-2902, john@zombrophysicaltherapy.com

Clearly Printed **Name:** _____ **Race Day Age:** _____ **Gender:** M, F
(Required)

Circle the **Montana city team** you will represent: Blngs, Bzmn, Butte, GF, Hlna, Kspl, Msla, Unat

Jersey size: S, M, L, Already own team jersey **Email:** _____
(clearly printed so you can receive pre-meet instructions)

Address: _____ **Town:** _____ **Zip:** _____ **Phone:** _____ - _____

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ **Date Signed:** _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF MINORS (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, for myself, my child and our heirs, assigns, and next of kin.

x _____, (_____) **Date Signed:** _____
PARENT/GUARDIAN'S SIGNATURE **Printed Name**