THE 12th ANNUAL KTA TRAIL CHALLENGE

**REGISTRATION FORM**

**September 12, 2020**

**START TIME: 7:00 AM (50K), 9:00 AM (25K)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: | | | | |
| Street: | | | | City: |
| State: | Zip: | | Contact Phone: | |
| Email (for confirmations, alerts and updates): | | | | |
| ❒*Check if you do not wish to be added to KTA’s mailing list (We never rent or sell your information)* | | | | |
| Emergency Contact: | | | Emergency Contact Phone: | |
| *This will only be used in the event of an emergency on your behalf. We will not save their contact information after September 12th.*  T-Shirt (Unisex): S [ ] M [ ] L [ ] XL [ ] XXL [ ] | | | | |
| Age on Event Day: | | Male[ ] Female[ ] | | |
| **COURSE SELECTION & ENTRY FEE** (Please enclose check or money order\*, payable to Keystone Trails Association):  [ ] **25K** Before July 1: $55 [ ] July 1 – September 8: $65 [ ]  [ ] **50K**  Before July 1: $80 [ ] July 1 – September 8: $95 [ ]  \*Prefer to use a credit card? Register online at [www.pretzelcitysports.com](http://www.pretzelcitysports.com) (nominal service fee applies).  Note: Registration will close at 11:59 PM on Tuesday, September 8. **NO event-day sign-ups**. | | | | |

**Liability Waiver**

In consideration of your acceptance of my application for participation in the KTA Trail Challenge, I, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property I may have, or which may accrue to me as a result of my participation. I discharge and release the Keystone Trails Association, Commonwealth of Pennsylvania, the KTA Trail Challenge organizers, and its respective agents, committee(s), and any other involved employees, volunteers and representatives from all liability arising out of or connected in any way with my participation in the KTA Trail Challenge whether or not caused by the negligence of any of the above parties.

I acknowledge that there are inherent risks and dangers that may arise at any time during the KTA Trail Challenge. My participation is voluntary and is done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the KTA Trail Challenge. I attest that I am physically fit and sufficiently trained for the completion of this event. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties is not an admission of liability to provide or to continue to provide any such service and is not a waiver of any of said parties of any right hereunder. I understand that serious accidents occasionally occur during hike/run events and that participants in the KTA Trail Challenge may sustain mortal or serious injury as a consequence thereof. Nevertheless, I agree to assume those risks and to release and indemnify and hold harmless all the persons mentioned above who might otherwise be liable to me (or my heirs of assigns) for damages, of whatsoever kind or nature.

I attest the equipment and clothing I will use in this activity is in good condition, and that I have the experience and ability to complete the activity safely. I understand that proper equipment in good condition can prevent serious injury. I agree to abide by the rules of this event as established by the KTA Trail Challenge Committee and to obey the directions of the event officials. I hereby grant full permission to the event organizers, committee(s), volunteers, and any other involved parties of the foregoing to use photographs, videotapes, motion pictures or any other record of this event, including my name, likeness and/or voice for any legitimate purpose.

I understand that this event has a No Refund policy. I also understand that it is the policy of the Keystone Trails Association not to refund entry fees in the event of that an act of God or nature forces a cancellation of the KTA Trail Challenge.

I have read, understood and agree to the Liability Waiver on this form**. Note:** **All unsigned entries will be returned.**

X

**Participant’s Signature Required**  Date

(Parent/ guardian, please sign if participant is under the age of 18 on September 12, 2020)

**Mail completed form and payment to:**

**KEYSTONE TRAILS ASSOCIATION**

46 E Main St, Mechanicsburg, PA 17055

717.766.9690

For more information, please visit [www.kta-hike.org](http://www.kta-hike.org) or e-mail [jneville@kta-hike.org](mailto:jneville@kta-hike.org)