

**2012 Kokopelli Kid's Trail Running Series  
Registration Form:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ School grade as of May 1st \_\_\_\_\_ DOB Birth \_\_\_\_\_

T-Shirt Size: Youth S \_\_\_\_\_, Youth M \_\_\_\_\_, Youth L \_\_\_\_\_, Adult S \_\_\_\_\_, Adult M \_\_\_\_\_

(T-shirt size guaranteed with early race registration. After April 1<sup>st</sup> t-shirt sizes are on first come basis)

Pre-Order Kokopelli Hoodie: \$25.00 Youth S/M \_\_\_\_\_ Youth LG \_\_\_\_\_ Youth XL \_\_\_\_\_ Adult S \_\_\_\_\_

**Early Entry Fee: January 1st – April 1st**

Series \$40.00 \_\_\_\_\_ (\$5.00 discount for second child) \_\_\_\_\_

Individual Race \$16.00 \_\_\_\_\_ Race Date you plan to race: May 4 \_\_\_\_\_ May 11th \_\_\_\_\_ May 18th \_\_\_\_\_

**Regular Entry Fee: April 2nd – May 18th**

Series \$42.00 \_\_\_\_\_ (\$5.00 discount for second child) \_\_\_\_\_

Individual Race \$18.00 \_\_\_\_\_ Race Date you plan to race: May 4 \_\_\_\_\_ May 11th \_\_\_\_\_ May 18th \_\_\_\_\_

**Make checks payable to Rainsberger Athletics:** mail to: 29 Sanford Road, Colorado Springs, CO 80906

I, for myself, my heirs, and anyone entitled to act on my behalf, waive and release Lisa Rainsberger and all sponsors, all volunteers, traininggoals.com, kokopellikids.com, El Paso County Park, Boulder Running Company, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of one or more parties named in this waiver.

The undersigned Participant understands and is aware of the risks and hazards of Trail Running races in general and this Event, The Kokopelli Kids Trail Running Series in particular. I represent that I am physically fit and capable of participating in this event and further represent that if I have any question regarding my fitness for this Event, I've consulted with a physician. I assume all risks associated with my participation in this Event, even if those risks are caused by the negligence of someone else. I discharge and release forever Rainsberger Athletics and any other sponsors or organizers together with their respective officers, agents employees and other representatives of any liability whatsoever for any claim for damage, injury or death that may happen during my participation in this Event. I understand that there is no obligation to provide me with medical care as a result of my participation in this Event, but that if such emergency care is provided, all of the terms of this Agreement shall apply. The organizers of this event may use my likeness, or photograph for any purpose without compensation to me.

PARENT or GUARDIAN (if entrant is under 18)

As Parent of the Participant, I understand and accept that all above conditions apply to both of us.

Parent or Guardian Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Participant Signature: \_\_\_\_\_