# Can Lake 50 Ultras

**Saturday October 9, 2010**

www.canlake50.org

Event Sanctioned by USATF

*Online registration at www.Active.com is preferred. OK to complete form below & mail.*

**Race (circle one): 50 Mi 50K**

Name _____ Sex_____ Age on Race Day _____

Street Address_____

City & State/Province_____ ZIP_____ Phone_____

E-mail _____

Will this be your first ultra (circle one): Yes No

If entered in 50 mi, will this be your first 50 miler: Yes No

List your recent ultra or marathon results (race, time, year):

_____

**Race Shirt Size:** Men's Small Medium Large Extra Large

Women's Small Medium Large Extra Large

*Shirts will be ordered from the printer on September 22nd so please register early to get the shirt you want.

Registration: $50.00 by Sept. 1st; $60 by Sept. 22nd; $70.00 thereafter. No race day registration.

Checks Payable to: **Ultrarunning Matters** **Entry Fee** *$*_____

Sign Waiver & Mail to: CanLake50

c/o Tom Perry
164 Roselawn Cres
Fairport, NY 14450

**WAIVER**: I, the undersigned, accept full responsibility for myself, for any injuries that I may incur during the CanLake50 Ultras & Fleet Feet Sports Relay. I fully understand that participating in this event may be dangerous to my health. I have trained sufficiently for this event, and I acknowledge that long-distance road racing involves exposure to hazards to my health, whether vehicular, environmental, or physiological. Sprains, cuts, bruises, broken bones, insect bites, hypothermia and heat exhaustion are all real possibilities. I fully understand that there may be limited medical or emergency personnel on the course. I am aware that there may be high-speed vehicles on the roads and road crossings. I will not hold any of the organizers; sponsors, land owners; City of Canandaigua; Finger Lakes Community College; Towns of Canandaigua, South Bristol, Naples, Italy, Middlesex, Gorham or Hopewell; Ontario County, Yates County, New York State Department of Environmental Conservation, any agency within the state of New York, Ultrarunning Matters, Inc., Western New York Ultra Series, USATF, or any volunteers responsible. My actions and mishaps are accountable to no one but myself. I agree to officially withdraw from the event if a race official feels I am endangering myself or if I do not meet the designated cut-off time(s). I grant the race organizers the free use of my name and any photos or videos of me for any use related to the race they see fit. I acknowledge that my entry fee is non-refundable even if the event is canceled or rescheduled. I understand that lost or non-returned timing chips will be billed at $90.

**Signature**: **Signature of Parent/Guardian** (if under 18):

_____ **Date**_____ _____ **Date**_____

**Optional Pacer (allowed after Vine Valley Aid Station for both races)**

Name _____

Street Address_____

City & State/Province_____ ZIP_____ Phone_____

**Pacer Signature**: **Signature of Parent/Guardian** (if under 18):

_____ **Date**_____ _____ **Date**_____

5/12/2010