

CUPID SHUFFLE 5K

Race Day Info: Saturday, February 16, 2019 - 10:00 am. Online registration at [active.com](http://www.active.com). Proceeds will benefit the UM-Western and Beaverhead Co. High School cross country teams.

Contacts: biverson@bchsmt.com or dylan.zitzer@umwestern.edu.

Registration: 25\$. Online registration at <http://www.active.com> or return this entry form along with payment to Cupid Shuffle, 104 N. Pacific St., Dillon, MT. 59725.

Course: The course will begin at UM-W's Straugh Gymnasium and run out and back along Blacktail Rd.

Early Registration and Fees: -25\$- Register early to guarantee a t-shirt.

Race Day Registration: 8:00-9:30, February 16 – 25\$ - no guarantee of a t-shirt

Event Rules: Sorry, no dogs allowed.

Age Categories: Male and Female: 19 and under, 20-29, 30-39, 40-49, 50-59, 60 and up.

Awards: Prizes for overall and age group winners

Waiver/Please Read and Sign: In consideration of accepting this entry, I release – for myself and my heirs, executors, administrators, legal representatives, assign and successors in interest, and for my child (if parent or guardian signing on behalf of a participant under the age of 18) – the Cupid Shuffle, UM-Western, Beaverhead Co. High School, organizers and volunteers, landowners and their representatives, successors and assigns (collectively 'Released Parties') from any and all rights, claims or liability for damage for any and all injuries to me, my child or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I will defend, indemnify and hold harmless the Release Parties against all claims, demands and cause of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Agreement for the benefit of me or my child. I FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT, including but not limited to: the dangers of falls and collisions with pedestrians, vehicles and fixed or moving objects; the dangers of road conditions, surface hazards, weather conditions, and inadequate clothing; encounters with wild or domesticated animals; the possibility of serious physical and or mental trauma or injury or death associated with an athletic running and walking event; and dangers caused by others' negligence. Should injury occur I will accept first aid. Photographs or videotapes of participants may be used for promotional purposes.

** _____ **
PARTICIPANT SIGNATURE – (PARENT OR GUARDIAN IF UNDER 18)

Gender

Male

Female

Age Category (check one)

19 & under 50-59

20-29 60 and up

30-39 open walk all ages

40-49 Donation: _____ amount

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ AGE ON RACE DAY: _____

T-shirt size: _____ small _____ medium _____ lge _____ xlge