



Name: _____

Sex: (Circle one) M F Age on race day: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Emergency contact and phone number: _____

Please enclose a check or money order made payable to Gemini Events with your form. (Early registration until January 1st, standard registration until March 15th, late registration until April 15th).

	Early	Standard	Late	Race Weekend
5 mile	\$30	\$40	\$50	\$60
Half marathon	\$65	\$75	\$85	\$95
Marathon	\$90	\$100	\$110	\$120
50K	\$95	\$105	\$115	\$125
Double Marathon	\$100	\$110	\$120	\$130

Pasta dinner until February 1st number of participants x \$12 _____

Pasta dinner after February 1st number of participants x \$15 _____

Amount Enclosed \$ _____

(Please indicate if you qualify for a free entry with your early Desert R.A.T.S. entry.)

Previous to this year, how many years have you participated in this event? _____

Number of participants planning to attend the Saturday night party. _____

All competitors compete at their own risk. I understand that it is recommended that if I am in doubt as to my physical condition to engage in an event as strenuous as a trail ultra marathon, I will seek the advice of a competent physician and abide by his/her advice. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants or animals, the effects of the weather including high heat and/or humidity, and the condition of the trail, as such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the race officials accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Gemini Events, local towns and government bodies, representatives and successors from claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures, and recordings of me, or any other record of this event, for any legitimate purpose. All persons under 18 must have a written consent of a parent or legal guardian.

Signature: _____ Date: _____

Please fill out registration form and send with payment to:

Gemini Adventures, 3506 Feather Reed Ave., Longmont, CO 80503