



Rocky Mountain Orthopaedics
Associates'
Thigunawat 10K Trail Run
Saturday August 7, 2010, 9:30 AM
www.thigunawat.com



First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email (for race updates only) _____

Age on Race Day _____ Gender _____ T-Shirt Size (T-shirt guaranteed with registration by July 21)

Birthdate (MM/DD/YYYY) _____ Women's S__ M__ L__ XL__

Daytime Phone _____ Men's S__ M__ L__ XL__ XXL__

The second annual Thigunawat 10K will be held at Powderhorn Ski Resort on Saturday August 7, 2010 at 9:30 AM. The event will offer a spectacular 10K Trail Run followed by a free music event on Powderhorn's Sun Deck. The race proceeds will benefit the Powderhorn Racing Club, a non-profit organization offering a top-knotch learn to ski and ski race program for kids ages 5 and up. For more information, please visit www.thigunawat.com. This event is sanctioned by USA Track and Field.

Registration Fee: \$30, Race day \$35. Make checks payable to Powderhorn Racing Club, PO Box 532, Grand Junction, CO 81502. Phone 970-314-2352 or thigunawat@gmail.com

The undersigned Participant understands and is aware of the risks and hazards of road running races in general and this Event in particular. I represent that I'm physically fit and capable of running 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 Powderhorn Racing Club and any other sponsors, supporters, namesakes, 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, records, or photograph for any purpose without compensation to me.

Signature _____

Date _____

Parent or Guardian _____

Date _____

If participant is under 18 yrs. of age. As parent of the Participant, I understand and accept that all above conditions apply to both of us.