

# Tofte Trek – 10K Wilderness Run

July 4, 2024

Official Use Only

Last : \_\_\_\_\_ First: \_\_\_\_\_

Check One: Male  Female

Bib #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Check  Cash

Phone: (\_\_\_\_) \_\_\_\_\_ Age on Race day: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

10K Run  (Age group awards) 10K Walk  (Overall awards)

**Must be 11 years or older to run/walk the Tofte Trek 10k**

**Pre-Registration Fee:** – Must be Postmarked by **June 28, 2024** - **\$35.00**

**T-shirts to first 200 registrants:** Shirt Size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large

Checks payable to: **Sugarbush Trail Association**

Registration Fee on RaceDay: **\$40.00**

**Mail form to postmarked by June 28th to:**

Sugarbush Trail Association  
Attention: Tofte Trek  
PO Box 2112 Tofte, MN 55615

## WAIVER AND RELEASE OF LIABILITY

**Identification of risk:** I, \_\_\_\_\_, know athletic events involve risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

**Assumption of risk:** I agree that I am responsible for my safety while participating in this athletic competition. I assume all risks, both known and unknown, connected with my participation.

**Waiver:** Being aware of the risks and willing to assume them, I waive, release and hold harmless Sugarbush Trail Association, Birch Grove Foundation, Superior Hiking Trail Association., US Forest Service and their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in today's athletic competition.

I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

**Insurance:** I currently have, and agree to maintain through the time that I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release all persons and entities identified above from providing this coverage for me. I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

\_\_\_\_\_  
Participant's signature Date \_\_\_\_\_

## For Participants under age 18:

I consent to the above person's participation in this athletic competition. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

\_\_\_\_\_  
Parent/Guardian's signature Date \_\_\_\_\_

Sponsored by:

