

2010 Glen Lake Adventure Race Registration Form

Each participant needs to complete this form. For each partner pair, two forms need to be submitted, one for each individual. We have gone ahead and split the cost of the race for each pair on this form. If one partner wants to pay for both themselves and their partner, please indicate that in the space provided on this form. We have also provided a space for you to write down who your partner will be; make sure you fill this out so we know how many registrants we have! Thank you for your participation in the Glen Lake Adventure race.

Form must be completely filled out to be processed. If you need any assistance, give us a call at 254-897-2247 or email kara@glenlake.org.

1- Racer information

Name _____

First

Last

Address _____

City _____ State _____ Zip _____

Home phone _____ Other phone _____

Email _____

Female _____ Male _____ Birthday __/__/__ Age _____

Race Category competing in: Men's _____ Women's _____ Co-ed _____
Youth (5th-12th grade) _____

Who will your race partner be? _____

2- Emergency Contact Information

Name _____ Phone _____

3- Medical Information & Release

-Do you experience any:

Allergies (medications, common foods, poison ivy, bees, etc.) _____

Asthma or other respiratory problems _____

Physical conditions (backache, knee, shoulder, neck, etc.) _____

-For participants in our youth division, are your shot records up to date? _____

-Do you or have you experienced any heart related problems or are you taking any heart related medication? _____

-Any other physical conditions we need to be aware of for your participation in the adventure race? _____

I have disclosed to program staff any pertinent medical reason that may affect my safety or the safety of others during the race. In addition, according to my specific limitations, I agree to retain the right and responsibility to direct my own level of participation. I give the staff at Glen Lake Camp and Retreat Center permission to seek medical help should I require it.

Signature: _____

Signature of Parent/Guardian if participant is under 18: _____

4- Release of Liability

I understand that Glen Lake Camp's Adventure race may be physically or emotionally demanding. I affirm that I have no physical or emotional limitations that might put me or others at risk during my participation in any of the activities except what I have listed on my medical form. I recognize the natural risks of injury or disability inherent in my participation in Glen Lake Camp's Adventure Race and I hereby assume the risk of injury that could result from any of these activities. I release Glen Lake Camp and Retreat Center and their staff members from all liability for any injury to me from participation in the program. My signature below confirms that I fully understand and agree to this document.

Signature: _____

Signature of Guardian if participant is under 18: _____

5- Payment Information

Payment is due by the date listed below in order to receive that pricing. If you choose to mail in payment and your registration, it has to be post marked by the date listed below to receive that price.

Registration prices:

By August 1st: \$90 (\$45 per person)

By September 10th: \$110 (\$55 per person)

By Race Day (October 9th): \$120 (\$60 per person)

Youth Race (5th-12th grade) Registration prices:

By August 1st: \$50 (\$25 per person)

By September 10th: \$56 (\$28 per person)

By Race Day (October 9th): \$60 (\$30 per person)

Your credit card (or check total) should be for the per person fee in parentheses above. Your partner will pay their half of the registration fee on their form.

If you would like to pay the total fee, for both you and your partner, please check here: _____

If you are a participant whose partner is paying the total fee, please check here (there is no need to include payment information on this form): _____

Payment Types:

Check: \$ _____

Credit Card: \$ _____

Discover, MasterCard, or VISA accepted

Credit Card number: _____

Expiration date: _____ CSV #: _____ (located on back of card)

Billing statement address with zip code: _____

Signature: _____

Your meal ticket is included in the price of registration. At check-in on race day you can purchase meal tickets for guests you brought along. They will be \$7/person. If you know already who you will be bringing along and wanted to purchase their tickets now, you may do so. Just write down how many you would like to purchase, and either include that in your check total or we will charge it to your credit card. _____

6- Additional Comments (optional)

Bringing own canoe and paddles, will be bringing people to watch and for lunch afterwards, etc... _____

7- Mail or Fax your registration to Glen Lake Camp and Retreat Center

Glen Lake Camp Adventure Race

P.O. Box 928 Glen Rose, TX 76043

Fax: 254-897-2423

Main phone: 254-897-2247

You will receive confirmation via email within 10 business days of receipt. If you do not hear from us within this time period, please contact us to verify your registration has been received.