



FAT DOG 100 Registration Form 2012

2nd Annual Fat Dog 100 Trail Race, Sat Aug 18 - Sun Aug 19, 2012

Point to point in paradise. Challenging trail race.

Date	
------	--

Racer Information

Last Name			First Name	
Full Address				
Shirt Size	Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Phone			Male/Female	
Age on race day			Birth date	
Email (print)				
Recent ultra race				
First timer?			Pacer Name	
Trail Maintenance	Hours:	Location:		
	Name/phone of person to verify Trail Maintenance:			
Comp entry?	If you received a comp entry, indicate reason.			

Category and Entry Fees

Select One	By Jan 30, 2012	By Apr 30, 2012	By Aug 5, 2012	Fee
<input type="checkbox"/> 120 mile	\$160	\$180	\$200	
<input type="checkbox"/> 70 mile	\$100	\$120	\$140	
<input type="checkbox"/> 50 mile	\$95	\$105	\$120	
<input type="checkbox"/> 30 mile	\$75	\$85	\$100	
<input type="checkbox"/> 18 mile	\$40	\$45	\$50	
<input type="checkbox"/> Relay (team)	\$300	\$360	\$390	
Grand Total				

Relay Captain and Team Information (if you are entering as a relay)

Team Name		
Captain Name		Phone:

Team completes pages 2-3 so all runners are listed

WAIVER, RELEASE AND INDEMNIFICATION - As a participant in Fat Dog 100, I agree to all rules and will comply with them. I am aware that this type of trail race may be extremely difficult and hazardous even for well-conditioned athletes under the most favourable conditions. I understand that I should not compete in this race unless I am in excellent physical condition, have trained adequately and have no medical condition that might be worsened by physical activity. Knowing these facts and in consideration of the acceptance of my application to participate in Fat Dog 100, I hereby for myself, my heirs, executors and administrators waive, release and discharge Heather Macdonald, Mountain Madness, officials, volunteers and all persons connected with this event from claims of liability, for any injuries to me (including but not limited to death). This release extends to all claims unforeseen, known or unknown. Further, I grant irrevocable permission to Fat Dog 100, and any media covering this year's race, and the authorized agents, contractors, and representatives of each, to use my name and likeness in any photographs, videotapes, motion pictures, recordings or any other records of my participation in this event for any purpose. Signed this

_____ (date).

Signature _____ Print name _____

Mail Cheque

Entries are non-refundable and non-transferable.

Make cheque payable to: Mountain Madness

Mail to: 518 East 15th Street North Vancouver, BC, Canada V7L 2S1

Race Director

Heather Macdonald, 604-990-9815 (Vancouver Canada) info@mountainmadness.ca

www.mountainmadness.ca/fatdog.php

Relay Team Complete All Sections Below

If a racer is doing more than one leg, complete both legs for that person.

Maintenance for each relay runner = 4 hours.

Leg 1 Racer Information—Cathedral (Lakeview Trailhead to Ashnola River Road)

1	Last Name		First Name	
	Full Address			
	Shirt Size	Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
	Phone		Male/Female	
	Age on race day		Birth date	
	Email (print)			
	Recent race			
	Trail Maintenance	Hours:	Location:	
		Name/phone of person to verify trail Trail Maintenance:		
	Signature			

Leg 2 Racer Information—Trapper Lake (Ashnola River Road to Eastgate Road)

2	Last Name		First Name	
	Full Address			
	Shirt Size	Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
	Phone		Male/Female	
	Age on race day		Birth date	
	Email (print)			
	Recent race			
	Trail Maintenance	Hours:	Location:	
		Name/phone of person to verify Trail Maintenance:		
	Signature			

Leg 3 Racer Information—Bonnevier (Eastgate Road to Heather Trail)

3	Last Name		First Name	
	Full Address			
	Shirt Size	Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
	Phone		Male/Female	
	Age on race day		Birth date	
	Email (print)			
	Recent race			
	Trail Maintenance	Hours:	Location:	
		Name/phone of person to verify Trail Maintenance:		
	Signature			

Leg 4 Racer Information—Heather (Heather to Cascades)

4	Last Name		First Name	
	Full Address			
	Shirt Size	Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
	Phone		Male/Female	
	Age on race day		Birth date	
	Email (print)			
	Recent race			
	Trail Maintenance	Hours:	Location:	
		Name/phone of person to verify Trail Maintenance:		
	Signature			

Leg 5 Racer Information—Skagit (Cascades to Skyline)

5	Last Name		First Name		
	Full Address				
	Shirt Size		Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
	Phone		Male/Female		
	Age on race day		Birth date		
	Email (print)				
	Recent race				
	Trail Maintenance		Hours:	Location:	
	Name/phone of person to verify Trail Maintenance:				
	Signature				

Leg 6 Racer Information—Skyline (Skyline to Finish)

6	Last Name		First Name		
	Full Address				
	Shirt Size		Female: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Male: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
	Phone		Male/Female		
	Age on race day		Birth date		
	Email (print)				
	Recent race				
	Trail Maintenance		Hours:	Location:	
	Name/phone of person to verify Trail Maintenance:				
	Signature				