



Where: Laurel Ridge Camp & Conference Center,
Laurel Springs, NC

When: August 29, 2009
Men @ 9:00 am
Women @ 10:00 am
Juniors 5km @ 11:00 am

Course: 5Km and 10Km will be a multiple loop course. It is a rough, mountainous course, not for the faint of heart. Most descents are gradual and almost all climbs are steep. See website for more detailed course description.

Awards: Top 10 overall, USATF Top 10, NC USATF Top 3
Top 3 Masters, USATF Top 3 Masters, NC USATF 1st Place
10 year age groups, USATF 5 year age groups
USATF Team Open and 10 year Masters

Prize Purse for: USATF National Championship - \$4000, see website for distribution scale
NC USATF Championship - \$1250, see website for distribution scale

Pasta Dinner: Friday August 28th at 6:00pm Cost: \$9.00 per person. Pasta Dinner will include basic spaghetti with two sauces (one meat, one marinara), a salad, bread, cookies, and tea/some type of Crystal Light.

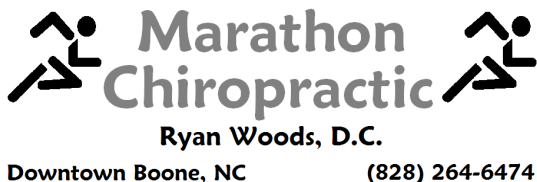
Lodging: There is some lodging available at Laurel Ridge Camp, please see the website for additional information. You will register for this lodging and pay for it directly through the camp.

Proceeds benefit Laurel Ridge Camp and Surry Central Cross Country Team

Registration: Register at www.usatf.org or www.active.com

Race Director: Jason Bryant; email – runningmtn.goat@yahoo.com phone - 336 326-5344

Sponsored by:



Details at: www.continentaldividetrailrace.com

Last Name _____ First Name _____ M.I. _____

Address: _____

Town, State, Zip Code: _____

Phone Number - Day:(____) _____, Evening: (____) _____

E-Mail: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Sex: M__ F__, DOB: __/__/__, Shirt: Men's S M L XL, Women's S M L XL, No shirt__
(MM/DD/YY)

Race Category: Open 10 km __ Junior 5km __

USATF Member: Yes __ No __ If yes, USATF # _____ US Citizen: Yes __ No __

USATF Club Name _____ USATF Club # _____

USATF Membership is required for eligibility for championship placing and purse. US citizenship is also required for eligibility. Please bring membership card to race as you may be asked to present card at race. Athletes who participate in the National Championship may be subject to formal drug testing in accordance with USATF rules and IAAF rule 144.

NOTE: USATF Membership may be purchased online at: www.usatf.org/membership. Participants will also have the opportunity to join USATF at the Friday packet pickup and on race morning.

Registration fees: \$35 June 1-July 31; \$45 Aug 1-Aug 20, late entry not guaranteed shirt \$ _____

Pasta Dinner \$9.00 per person \$ _____

Total Enclosed: \$ _____

Make checks payable to: Continental Divide Trail Race

*Mail to: Jason Bryant
Continental Divide Trail Race RD
2715 Twin Oaks Rd
Elkin, NC 28621*



WAIVER OF LIABILITY (must be completed and signed)

I realize that running a trail race is inherently dangerous. I understand that this area has specific hazards such as rattlesnakes, copperheads, deer, bear, roots, rock, and mud. I realize that I will be running down the side of a mountain really, really fast. I realize that I may fall down and may get injured running this race. Nevertheless, I want to do this event regardless of the risk. Therefore, I want everyone to know that I am not being forced to do this event and that when I sign the line below I acknowledge that there are inherent risks and dangers associated with participating in the Continental Divide Trail Race event and I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release The Continental Divide Trail Race, Laurel Ridge Camp and Conference Center, all race sponsors, supporter and partners, contractors, suppliers, officials, and all governmental and private agencies, whose property or personnel are used, from any and all rights, claims and causes of action I have or may have against them and the successors and assigns of each of the foregoing, that may arise as a result of my participation in The Continental Divide Trail Race. And I hereby release them from responsibility for any injuries or damages I may suffer as a result of my or my child(ren)'s participation in any aspect of The Continental Divide event. I will additionally permit the use of my or my child(ren)'s name and image in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of myself in relation to The Continental Divide Trail Race. I promise not to litter and I will try not to cry. As a participating entrant, I certify that that I am physically fit and sufficiently trained to participate in this absurd event, and all the information provided in this form is true and complete.

Signature (required): _____ Date: _____

(If under 18, parent or guardian must sign): _____ Date: _____

Note: You may be required to sign an additional waiver at registration.