

2010 SAWTOOTH RELAY ENTRY, SUBSTITUTION OR VOLUNTEER FORM

Mail **ONE**, non-refundable, \$330 check payable to
Sawtooth Relay, with the entire team entry in one envelope to:

Sawtooth Relay
P.O. Box 140402
Garden City ID 83714-0402

TEAM INFORMATION

Team Number (if known) _____ Team Captain Name _____
Team Name _____ Company (corporate category) _____
Team Category _____ Team Sponsor (if applicable) _____

INDIVIDUAL INFORMATION

Name _____ E-mail _____
(prefer non-business e-mail)
Address _____ Telephone (home) _____
City/State/Zip _____ T-shirt size XS S M L XL XXL
Age _____ Male Female
Athlete Volunteer Pace per Mile for 5 miles _____
(assume a flat 5 mile race in Boise)

SUBSTITUTING FOR (if applicable): Name _____

PLEASE READ AND SIGN: WAIVER OF LIABILITY

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, & administrators, forever waive, release & discharge any and all rights & claims for damages & causes of suit or action, known or unknown, that I may have against the Sawtooth Relay, Racing Unlimited, Inc., State of Idaho, Idaho Transportation Department, Cities of Stanley and Ketchum, Custer and Blaine Counties, Blaine County Recreation District, Blaine County School District #61, Challis Joint School District #181, all independent contractors, working on or near the course, all Sawtooth Relay committee members, Officials & Volunteers, all sponsors of the Relay, and related Relay Events and their officers, directors, agents & representatives, successors, & assigns, for any and all injuries suffered by me in this event.

I understand that police protection will not be provided and both vehicle traffic and spectators will be present along the course. I attest that I am physically fit, am aware of the dangers & precautions that must be taken when running in warm or cold conditions, & have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed Relay or medical official relative to my ability to safely continue or complete the Relay. I further assume and will pay my own medical expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense. Further, I hereby grant full permission to the Sawtooth Relay and/or agents hereby authorized by them, to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any legitimate purpose at any time without compensation.

I have read this waiver carefully & understand it.

Signature _____ Date _____ Parent or Guardian (if under 18) _____ Date _____



VOLUNTEER ASSIGNMENTS

Select your 1st, 2nd, and 3rd choices of areas to work. There is no guarantee you will receive your preferred assignment.

Assignments are given on a first come, first serve basis after your team entries are received. All forms must be complete and legible.

Volunteer assignments include:

- Start in Stanley Saturday morning
- Exchange 1
- Exchange 2
- Exchange 3
- Exchange 4
- Exchange 5
- Exchange 6
- Exchange 7
- Exchange 8
- Exchange 9
- Exchange 10
- Exchange 11
- Ketchum City Intersections
- Park set up, Atkinson Park, Ketchum, Saturday morning
- Food server, Atkinson Park, Ketchum, Saturday
- Finish Line
- Clean up during post-relay party
- Clean up and pack up, Atkinson Park, Ketchum, Saturday afternoon and evening.

See inside for more information on the volunteer requirement.