



AUTUMN CLASSIC RUN

Saturday, Oct. 21th

Race Prep - 10:00 am Race Start - 10:30 am

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____

Gender: Male Female • Early Registration (\$25) • Group: Three or more (\$20 each)

Liability Waiver

Adult and minor release and waiver of liability and indemnity agreement. I/We understand that the competitor provides their own medical insurance and that the race/promoter/sanctioning body does not provide runners with medical insurance. I understand that races may be dangerous. I am adequately trained to do this race. I promise to have fun!

Runner Signature

Parent/Legal Guardian Signature

Runner's Name (Print)

Parent/Legal Guardian Signature



SCHNEE'S
BOZEMAN, MONTANA

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