

Registration Form **Hermit Pass Marathon** Westcliffe, Colorado
Proceeds benefit Club America WMV, a community owned and operated recreation center
Sept. 17, 2017 starts 7:30 am Marathon 9am Half 10:30am Lucky Hermit 13K

Please Print (Name as it will appear on results)
Name: _____ I will be running the (circle): **Marathon** **Half** **Lucky 13K**
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____
Male Female Age on Race Day: _____ Date of Birth _____

Entry Fee: Early up to 6/12: \$65 Full Hermit, \$45 Half Hermit, \$35 Lucky 13; 6/13-9/3: \$75 Full /\$55 Half/\$45 Lucky
T-Shirt Size: Small Medium Large XL

Entry Fee \$ _____
Additional Donation \$ _____ (Club America WMV is a 501(c) 3 not for profit and your donation may be tax deductible. Please consult your tax advisor)
TOTAL Enclosed \$ _____
Pay by mail with check or credit card or in person at Club America, 50 E. Main St., Silver Cliff, CO 81252
MasterCard/Visa/Discover Card # _____
EXP. Date ____/____ Security code on back _____
Signature _____

Make check payable to Club America WMV, put Hermit Entry Fee in memo and mail it to:
Club America WMV, P.O. Box 717, Westcliffe, CO 81252

Participant Waiver: In consideration of acceptance of this entry form, I, the undersigned, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have arising from my participation in this race, against Club America WMV, A Painted View Ranch, event sponsors, race directors, event producers, and volunteers; and Custer County where the race is held. I attest and verify that I am physically fit, mentally able, and have sufficiently trained for the competition of this type of event and my physical condition has been verified by a licensed medical doctor.
Further, I grant permission to any and all of the foregoing to use photographs, videotapes, motion pictures, and recordings of me, or any other record of this event for any legitimate purpose. My parent or legal guardian is signing this for me and authorizes medical care should I be under the age of 18. There will be NO REFUNDS.

Entrant Printed Name: _____
Entrant Signature: _____ (required or will delay processing)
(Guardian signature if participant is age 16-18): _____
Date: _____

OR REGISTER ONLINE AT www.imathlete.com/events/hermit2017

OFFICE USE ONLY:
AMOUNT PAID: CHECK: _____ CASH: _____ CHARGE: _____ T-
SHIRT Ordered and Size: _____ Notes: _____