

2018 SAWTOOTH RELAY ENTRY, SUBSTITUTION OR VOLUNTEER FORM

Mail **ONE**, non-refundable, \$420 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

Entry Fees Go Up January 1st

Teams with complete entries (mandatory info. supplied and checks cleared) will be accepted first.

*Indicates mandatory fields

TEAM INFORMATION

2018 Team Number (if known) _____ *Team Captain Name _____
(must be an athlete on your team)

*Team Name _____
(limit 30 characters and spaces) I am a Team Captain for the first time

*Team Category _____ Company Name (corporate category) _____

INDIVIDUAL INFORMATION

*Name _____ *E-mail _____
(prefer non-business e-mail)

*Address _____ *Telephone (home) _____

*City/State/Zip _____ *T-shirt style Men's (crew neck) Women's (v-neck)
See sawtoothrelay.com for womens' size information.

*Age _____ * Male or Female
* Athlete or Volunteer

I am substituting for: (*if applicable)

Name _____ *Pace per Mile for 5 miles _____
(assume a flat 5 mile race in Boise)

*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. 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 Night Morning

Exchange 1 Night Morning

Exchange 2 Night Morning

Exchange 3 Night Morning

Exchange 4 Night Morning

Exchange 5 Night Morning

Exchange 6 Morning

Exchange 7 Morning Afternoon

Exchange 8 Morning Afternoon

Exchange 9 Morning Afternoon

Exchange 10 Morning Afternoon

Exchange 11 Morning Afternoon

Ketchum City Intersections Afternoon

Park set up,
Atkinson Park, Ketchum Morning

Food preparation,
Atkinson Park Morning Afternoon

Food server,
Atkinson Park Morning Afternoon

Finish line, Atkinson Park Afternoon

T-Shirts, Atkinson Park Afternoon

Clean up during post-relay
party, Atkinson Park Afternoon

Clean up and pack up,
Atkinson Park Evening