



The 24 Hours of Snowshoe 2002 Team Entry Form

June 29th & 30th, 2002

West Virginia
Wild and Wonderful



For Official Use Only

This form MUST be submitted with the Team Captain's Accident Waiver and Release of Liability Form along with Payment In Full. Accident waivers must be postmarked by May 23rd. Any waivers postmarked after May 23rd will require a \$10 late fee. Each really late accident waiver or change received after June 24th (regardless of postmark) will require a \$20 late fee. On-site changes will also be \$20. **NO CHANGES WILL BE MADE AFTER FRIDAY, JUNE 28TH.** Registration: Thurs. 1-5 p.m. & Fri. 10 a.m.-8 p.m.

TEAM NAME _____ (no more than 36 characters)

CITY, STATE, COUNTRY: _____

TEAM CLASS: _____ AMOUNT PAID \$ _____

- ◆ FOUR-PERSON: Coed Pro/Am (Pro and/or Amateur), Men's Expert, Women's Expert, Men's Sport, Women's Sport, Men's Veteran* (35+), Women's Veteran* (35+), Men's Masters* (45+), Women's Masters* (45+), Men's Junior* (18 and under), Women's Junior* (18 and under), and Clydesdale (200+ lbs. each or total team weight of 830+ lbs.)
- ◆ FIVE-PERSON: 5-Person Open (Must have at least 1 woman and no more than 1 expert man. No pros, male or female.)
- ◆ SOLO: Men's and Women's Solo Pro (Must submit a resume of ultra-endurance experience with application for consideration.)
- ◆ DUO PRO/EXPERT: 2 Men or 2 Women or 1 Man & 1 Woman. Duo Pro/Expert teams must have pro/expert experience.

* Veteran/Master/Junior Classes: Eligibility to race in age delineated classes is based on rider age as of 12/31/2002

SPONSORED BY: _____

Note: When filling out the section below, please list the class in which each individual team member most recently raced—not the 24 Hour race class for which you are currently registering. Please, see the CLASSES section of the AMTRI Rules on our website at <www.grannygear.com/s_events.htm> to avoid sandbagging. Please write legibly.

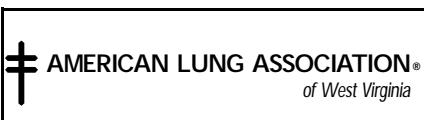
1. TEAM CAPTAIN:	_____	Class _____	DOB ____/____/____	M ____	F ____	Wt. _____	Clydesdales
2. CO-CAPTAIN:	_____	Class _____	DOB ____/____/____	M ____	F ____	Wt. _____	
3. TEAMMATE #3:	_____	Class _____	DOB ____/____/____	M ____	F ____	Wt. _____	
4. TEAMMATE #4:	_____	Class _____	DOB ____/____/____	M ____	F ____	Wt. _____	
5. TEAMMATE #5:	_____	Class _____	DOB ____/____/____	M ____	F ____	Wt. _____	(Open)

Coed Pro/Am Team Entry Fee: \$200 per racer x 4 = \$800
All Other Four-Person Team Entry Fee: \$125 per racer x 4 = \$500
Five-Person Open Team Entry Fee: \$125 per racer x 5 = \$625
Solo Pro Entry Fee: \$300 per racer x 1 = \$300
Duo Pro Team Entry Fee: \$220 per racer x 2 = \$440

Make checks payable to: Granny Gear Productions. Questions? Call Granny at (304)259-5533. All entries must be pre-paid, cash or check only, unless using online registration. No faxed entries or release forms will be accepted. Entries will be limited to the first 475 teams, with 75 American Lung Association "Early Bird" Reservations receiving first priority. Entry Fees are NON-refundable. Accident waivers must be postmarked by May 23rd. Any waivers postmarked after May 23rd will require a \$10 late fee. Each really late accident waiver or change received after June 24th (regardless of postmark) will require a \$20 late fee. On-site changes will also be \$20. Registration: Thursday 1-5 p.m. & Friday 10 a.m.-8 p.m. There will be no registration on race day.

Please enter our team in accordance with these terms:

Team Captain's Signature _____ Date: _____



"Early Bird" Registrants: Send your Completed Entry Form and Waivers to Granny Gear. Write the letters "ALA" in the Amount Paid section. The ALA will notify us after you have turned in all your donations.

**Mail Team Entry Form, Accident Waiver(s) and payment to:
Granny Gear Productions, P.O. Box 189 (US Mail) or 24 Fourth St. (UPS/FedEx), Davis, WV 26260**



Accident Waiver and Release of Liability

The 2002 24 Hours of Snowshoe Mountain Bike Team Relay

June 29th & 30th, 2002



This form must be read carefully, filled out completely and signed by the participant. No faxed or photocopied signatures will be accepted. Accident waivers must be postmarked by May 23rd. Any waivers postmarked after May 23rd will require a \$10 late fee. Each really late accident waiver or change received after June 24th (regardless of postmark) will require a \$20 late fee. On-site changes will also be \$20. **NO CHANGES WILL BE MADE AFTER FRIDAY, JUNE 28TH.** Registration: Thursday 1-5 p.m. & Friday 10 a.m.-8 p.m. Keep a blank accident waiver on hand in the event that you need to replace a rider at a later date.

(Please Print Clearly)

TEAM NAME _____

RACER NAME _____ **SS #** (Coed Pro/Am, Solo & Duo only) _____

Circle the class you most recently raced in [Pro Expert Sport Veteran Masters Junior Clydesdale]

STREET _____ **Sex** M or F _____ **AGE** _____ **DOB** _____

CITY _____ **STATE** _____ **ZIP** _____ **e-mail** _____

PHONE (day) _____ **(eve)** _____

EMERGENCY CONTACT NAME: _____ **PH#** _____

I acknowledge that this athletic event, The 24 Hours of Snowshoe, is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, lack of hydration, and actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/or producers of the event. These risks are not only inherent to athletics, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/or volunteering in The 24 Hours of Snowshoe. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault.

I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in The 24 Hours of Snowshoe, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, litigation costs, and my traveling to and from The 24 Hours of Snowshoe, **THE FOLLOWING ENTITIES OR PERSONS:** Granny Gear Productions, Inc., Snowshoe Mountain, Inc., Silver Creek Homeowners Association, American Lung Association of West Virginia and any involved municipalities, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, vendors, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in The 24 Hours of Snowshoe, whether caused by the negligence of releasees or otherwise.

I agree that all disputes arising under this contract and/or from my use of the facilities at this resort area shall be litigated exclusively in the Circuit Court of Pocahontas County, West Virginia or in the US District Court for the Northern District of West Virginia.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I further agree to abide by all the rules and regulations as set forth by the director of this event.

I hereby certify that I have read this document and understand its content (no faxed or photocopied signatures).

Entrant's Signature _____ **Date:** _____

NOTE: If 17 or under, Signature of Parent or Guardian Is Required Below:

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save, hold harmless and indemnify each and all of the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent's or Guardian's Signature _____ **Date:** _____

**Questions? Call Granny at (304)259-5533. Mail Accident Waiver(s) to:
Granny Gear Productions, P.O. Box 189 (US Mail) or 24 Fourth St. (UPS/FedEx), Davis, WV 26260**

