



Official Use Only
Race-Day Bib
#

CASH CREDIT

2018 Vertigo Night Runs Entry

First Name

Last Name

Address _____

City _____ **State** _____ **Zip** _____

Email Address _____

Phone _____

Male **Female** **Age on Race Day** **Date of Birth**

Entry Fees (Please Circle)

	Fees by Postmark Date	Until 5/31	Until 7/30	Until 8/21	After 8/21
<input type="checkbox"/>	6 Kilometer	\$31.89	\$37.21	\$42.52	\$53.15
<input type="checkbox"/>	10 Kilometer	\$37.21	\$42.52	\$47.84	\$58.47
<input type="checkbox"/>	20 Kilometer	\$42.52	\$47.84	\$53.15	\$63.78
<input type="checkbox"/>	31 Kilometer	\$47.84	\$53.15	\$58.47	\$69.10
<input type="checkbox"/>	52 Kilometer	\$63.78	\$69.10	\$74.41	\$85.04
<input type="checkbox"/>	FULL MOON 20 Km! 11 PM	\$42.52	\$47.84	\$53.15	\$63.78
<input type="checkbox"/>	FULL MOON 10 Km! 11:30PM	\$37.21	\$42.52	\$47.84	\$58.47

*Race entry fee does not include \$7/vehicle Maricopa County Regional Park entry fee due at gate on race day
Goodies guaranteed on race day if registered by 7/30, otherwise will be sold on race day if available. Entry fees include all applicable state and county sales taxes.

Participants in the Vertigo Night Run will receive a sports bag!

	Add a Headlamp - Pick Up At Race <input type="checkbox"/> \$31.89 - Spot (300 Lumens)	Reusable \$5.32 <input type="checkbox"/> Aravaipa Cup <input type="checkbox"/>
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Please include your entry fee and mail to:
(checks payable to ARAVAIPA RUNNING)

Aravaipa Running
11049 N 23rd Drive #102
Phoenix, AZ 85029

Event Waiver & Release

This waiver covers the Vertigo Night Runs held August 25-26, 2018. I understand that running on trails is strenuous exercise and has some danger. I give statement that I am in good health and there is no medical reason that I should not attempt such a feat. I know that running on trails poses many hazards, not limited to falls, bad weather, rockslides, getting lost, wild animal attack and generally dangerous conditions. I am entering this event with full knowledge that I could easily be hurt or face life threatening injuries. I fully assume all risks of injury, illness or death, and release covenant not to sue, and discharge White Tank Mountain Regional Park, Maricopa County, Aravaipa Running LLC, the race director, volunteers, all sponsors, and any individuals or groups associated with this event, all actions, claims or demands for damages arising out of my participation in this event. The forgoing release is binding upon me personally, as well upon my heirs, executors, and administrators, and all members of my family, or anyone else who may make claim on my behalf. Entry fees are non-refundable and non-transferrable. I further grant my irrevocable permission to Aravaipa Running LLC, and its authorized agents, to use my name and any photographs, videos, motion pictures, recordings, or any other record of my participation in this event. No REFUNDS or TRANSFERS once entry is accepted.

Signature _____

Signature of Parent/Guardian if under 18 Years _____

Date _____