



Official Use Only Race-Day Bib
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	Ple	ease ir (checks	ee and mail to: PA RUNNING) Aray Phoe							vai 01 eni	vaipa Running 01 S 24th St nix, AZ 85034						UltrAspire Reusable Cup \$6.43							
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is waiver cover d there is no me	s the Sar edical rea	n Tan Scramb son that I sho	le Trail ould not	Runs h attemp	eld Jar t such	uary 2 a feat.	, 2021. I know	unders	stand that ning on t	runnir rails po	ng on toses m	rails is any ha	strenuc zards, r	ous exe ot limi	rcise a	and has falls, b	some da	anger. l her, roo	I give s ck-slide	tatemes, get	ent that ting los	I am in st, wild a	good h nimal a	ealth attack

This waiver covers the San Tan Scramble Trail Runs held January 2, 2021. 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, rock-slides, 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 San Tan 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-transferable. 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	
Cignothus of Deport/Cuardian if under 10 Vegra	D. (
Signature of Parent/Guardian if under 18 Years	Date