

Blue Springs Runners' **50/50**

Longview Lake Trail 50K, Full & Half Marathon and Four Person Marathon Relay

All courses certified

8 AM Sunday November 1, 2020

Directions: From Interstate 470: take Raytown Rd/exit 4 South. Make a left turn East onto Longview Road, then take a right at the fork and follow it to the shelter 14 parking lot.

Packet pickup/registration: 7:00 a.m. on race day

WAIVER: I know that running a trail race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume any and all risks associated with running this event, including but not limited to falls, ticks, contact with other participants, bad weather, freezing weather, and poor footing, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the Race Committee, The Blue Springs Runners, Jackson County, parking lot owners, race sponsors and race volunteers, from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event. I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

SIGNATURE: _____

Fees: Solo \$35, \$40 Race day, Relay runners \$16 each, \$20 race day.

SOLO RUNNERS MUST FILL IN THE FOLLOWING:

Name: _____ **Sex:** _____ **Date of Birth** _____ **FEES:** \$ _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone home: _____ **Work** _____ **Event:** 50 K ___ **Marathon** ___ **½ Marathon** ___

There are two methods of payment: Mail entry with check or mail entry and pay pre-race day fees on race day. Make checks to: Blue Springs Runners. Mail to 50/50, 18304 E 24 Hwy Cir, Independence MO 64056

Questions: email 50-50@bsrun.com

Four Person Marathon Relay form on the next page

Blue Springs Runners' 50/50

Longview Lake Trail Four Person Marathon Relay

All courses certified

8 AM Sunday November 1, 2020

Directions: From Interstate 470: take Raytown Rd/exit 4 South. Make a left turn East onto Longview Road, then take a right at the fork and follow it to shelter 14 parking lot.

Packet pickup/registration: 7:00 a.m. on race day

WAIVER: I know that running a trail race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume any and all risks associated with running this event, including but not limited to falls, ticks, contact with other participants, bad weather, freezing weather, and poor footing, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the Race Committee, The Blue Springs Runners, Jackson County, parking lot owners, race sponsors and race volunteers, from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event. I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

(All team members must sign below.)

Fees: Relay runners \$16 each, \$20 race day.

Team Name _____

Relay Runner 1 FILL IN THE FOLLOWING:

Name: _____ **Sex:** _____ **Date of Birth** _____ **FEES:** \$ _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone: Home _____ Work _____

Agree to waiver SIGNATURE: _____

Relay Runner 2 FILL IN THE FOLLOWING:

Name: _____ **Sex:** _____ **Date of Birth** _____ **FEES:** \$ _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone: Home _____ Work _____

Agree to waiver SIGNATURE: _____

Relay Runner 3 FILL IN THE FOLLOWING:

Name: _____ **Sex:** _____ **Date of Birth** _____ **FEES:** \$ _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone: Home _____ Work _____

Agree to waiver SIGNATURE: _____

Relay Runner 4 FILL IN THE FOLLOWING:

Name: _____ **Sex:** _____ **Date of Birth** _____ **FEES:** \$ _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Phone: Home _____ Work _____

Agree to waiver SIGNATURE: _____