

Wildfire Defense Race Series

Fun Run Sled Dog Race

Saturday & Sunday, January 20th & 21st, 2024
10 dog pool/8 dog max per day – 18 miles

Rec Class Entry Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Entry Information:

- **Rec Class Entry Fee: \$35**
- **Completed entry forms should be emailed to**
Klondikedreams1@gmail.com

You will receive a reply email with a link to the payment portal. Entries and Payments can only be made online.

- **Dog Trucks must be moved from the start line to the finish line, approximately a 2 mile drive. Musher's must have a handler who can move their dog truck.**

_____ **I have a Handler to move my truck**

_____ **I will need assistance moving my truck.**

Acknowledgements and Release

I acknowledge that there are inherent risks in sled dog racing. I will not hold Wildfire Defense Yellowstone Special, its race organizers, race volunteers, race sponsors, the City of West Yellowstone, USFS Gallatin National Forest, or any other involved entities responsible for any damages to myself, my dogs, handlers, or equipment. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. I assume all risks associated with competing in this event including, but not limited to: falls, contact with other participants, the effects of weather, and course conditions, and waive any and all claims which I might have based on any of those, and other risks typically found in competing in a sled dog race.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

Signature _____ Date: _____

Signature of Parent or Guardian (if under 18)

_____ Date: _____