

Pack for the Platte



Sunday, May 7th, 2017
Races begin at 9am & 11am
3 miles, 45 lbs, 45 minutes
2 miles, 25 lbs, 30 minutes
1 mile, 0 lbs, 16 minutes
Coalition for the Upper South Platte

The Coalition for the Upper South Platte (CUSP), a long standing and highly respected local resource protection nonprofit, is hosting Pack for the Platte (P4P) a fundraiser to support our Wildfire Suppression Program. This themed event uses the wildland firefighters' work capacity Pack Test as a cross-fit type challenge to engage firefighters and outdoor enthusiasts alike. Modeled after a traditional 5k race, this event breaks with tradition by providing a different kind of challenge: 3 miles, carrying 45 pounds, completed in 45 minutes or less. Registration ranges from \$50 for Individuals to \$15 for Firefighter teams.

PACKET PICK UP where and when

Event Location parking/directions

POST RACE refreshments

PLEASE COMPLETE THE FOLLOWING APPLICATION AND MAIL IT WITH YOUR
CHECK PAYABLE TO: Coalition for the Upper South Platte

Mailing Name

Mailing Address

FIRST NAME _____ **LAST NAME** _____

STREET ADDRESS _____

CITY _____

STATE _____ **zip** _____

DATE OF BIRTH mm/dd/yy ____/____/____

SEX (CIRCLE ONE): M F

RACE ENTERED (CIRCLE ONE):

Pack Test -Arduous – 3 miles, 45lbs, in 45 minutes

Field Test – Moderate – 2 miles, 25lbs, 30 minutes

Walk Test – Light – 1 mile, no weight, 16 minutes

Do you need a weighted pack? Y/N

SHIRT SIZE (CIRCLE ONE): S M L XL

Group name (if applicable): _____

Are you a firefighter needing certification? Y/N

ENTRY FEES:

\$50.00 Individual

\$35.00 ea for teams of 4+

\$20.00 Firefighter individual

\$15.00 ea for firefighter teams of 4+

+ \$5.00 for day-of registration

*****PLEASE NOTE*** NO SHIRT IS GUARANTEED FOR ENTRIES RECEIVED AFTER MAY 1ST.**

Questions? Rachel Gurfinkel

Rachel@culp.ws

719.748.0033

Mail to:

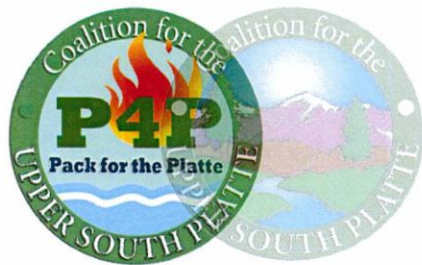
Coalition for the Upper South Platte

P.O.Box 726

Lake George, CO

80827

Attn.: Pack 4 the Platte



**INDIVIDUAL ASSUMPTION OF RISK,
INFORMED CONSENT, RELEASE FROM
LIABILITY, AND PHOTO RELEASE**

**PLEASE NOTE: THIS IS A TWO PART RELEASE; SIGNATURES ARE
REQUIRED ON BOTH FORMS**

PROJECT INFORMATION

Project Description: Pack For the Platte, P4P

Project Date(s): May 7, 2017

Group Name: _____

**PLEASE PRINT CLEARLY, REVIEW ENTIRE DOCUMENT, AND SIGN ON
BACK, TWO SIGNATURES REQUIRED FOR EACH PARTICIPANT**

Salutation: _____ **Last Name:** _____ **First Name:** _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ **E-Mail:** _____

Circle One: Volunteer OR Participant

16-18 Yrs?: _____ **YES** _____ **NO** (IF YES, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN)

Under 16?: _____ **YES** _____ **NO** (IF YES, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN)

In case of emergency, please contact:

NAME: _____

RELATIONSHIP: _____

PHONE: (DAY) _____ **(EVENING)** _____
(OTHER) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history (PLEASE WRITE ON BACK IF MORE SPACE IS NEEDED):



Allergies (medicine, food, etc.):

Medications being taken:

Date of last tetanus shot:

Physical limitations:

Other medical issues of which we should be aware:

1. I acknowledge that I have voluntarily applied to volunteer or participate in an arduous competition for a fundraising event with the Coalition for the Upper South Platte (CUSP). I am not working in a paid position, and will receive no compensation for participating in CUSP activities as a volunteer or as an event participant.
2. As consideration for being permitted to participate in these activities, I hereby agree that I, my assignees, my heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of CUSP, or the suppliers of any of the tools or equipment that I will use in these activities, for injury or damage resulting from my negligence, intentional or unintentional, during the commission of my efforts for CUSP.
3. I hereby release CUSP and its legal representatives, successors and assignees, from all actions, claims, and demands that I, my assignees, my heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in CUSP activities.
4. I hereby release and forever discharge CUSP and its legal representatives, successors and assignees, from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or participation in CUSP activities.
5. I understand that CUSP carries a minimal level of insurance coverage for volunteers and participants to address medical needs, but EACH VOLUNTEER AND PARTICIPANT IS ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.
6. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that if any clause or provision is ruled invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.
7. **I AM AWARE THAT PARTICIPATION IN THIS EVENT IS ARDUOUS AND OTHER CUSP ACTIVITIES ARE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES OF CUSP WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND DEATH, AND VERIFY THIS STATEMENT BY SIGNING THIS DOCUMENT.**
8. If there is any violation of this agreement and CUSP is sued, or a claim is made against CUSP, I agree to indemnify CUSP and the others named in paragraph 3 and hold them harmless from any and all expense and liability. Such indemnity shall cover all reasonable expenses incurred by them, including but not limited to attorney fees.