

# 27<sup>th</sup> ANNUAL NORDICFEST YOUTH RUNNERFELL

RACE DAY-----FRIDAY, SEPTEMBER 9<sup>th</sup>, 2016

3 & under race **begins at 4:00**—all other age categories follows

SPONSORED BY: Lincoln County Credit Union, Glacier Bank, Lincoln County Title Company, McDonalds, Pizza Hut, Rosauers, Empire Foods, Granite Concrete, Sears Libby's Hometown Store, and Cabinet Peaks Medical Center

The race begins at the Libby Elementary School (formerly known as the Middle School). A meal will be served after the run with items donated by: EMPIRE FOODS, FRITO LAY, MACS MARKET and ROSAUERS; other business donations: BRUCE R. ZWANG-CPA, BURGER EXPRESS, JMF SERVICES, GLACIER INSURANCE, WEYERHAEUSER, SAVERITE SOUTH & WEST, SHOES AND SOCKS, TIMBERLINE AUTO CENTER, MONTANA SKY WEST, THE MONTANIAN, THE WESTERN NEWS AND THE KOOTENAI VALLEY RECORD.

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REGISTRATION MUST BE RECEIVED BY 4:00 PM on SEPTEMBER 7<sup>TH</sup>

NO LATE ENTRIES, T-SHIRT ORDERS OR REGISTRATION THE DAY OF THE RACE ACCEPTED

\*\*\*IF PARTICIPANT IS NOT A LIBBY PUBLIC SCHOOL STUDENT,  
PROOF OF INSURANCE IS REQUIRED\*\*\*

Race Only is FREE to all runners.

If you wish **to purchase** a t-shirt, the cost of a T-SHIRT: Runners: \$5.00 Non-Runners: \$10.00

*Payment for t-shirt must be included with race registration.*

RACE LENGTH:      (ages 3 & 4    1/8 mile)      (ages 5, 6 & 7    1/4 mile)  
                                 (ages 8 & 9    1/2 mile)      (ages 10-16    1 mile)

Entry forms available online at: [libby.k12.mt.us](http://libby.k12.mt.us) — and at the following businesses/sponsors: Empire Foods, Mac's Market, McDonalds, Pizza Hut, Rosauers, The Kootenai Valley Record, The Montanian, and The Western News.

Runners that place in their age group will receive ribbons at school (medals for 10 and over).

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\*\*NO LATE REGISTRATIONS WILL BE ACCEPTED—MUST BE RECEIVED BY SEPTEMBER 7th

Libby Public School Students do not need to provide proof of insurance.

Complete registration on back of form.

Please print all information and bring to school or mail to Runnerfell, P.O. Box 1197, Libby, MT, 59923. Make checks payable to Youth Runnerfell. For more information call 293-7426.

**ONE ENTRY PER FORM**

NAME \_\_\_\_\_  
FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

CIRCLE YOUR AGE: (Your age on September 9<sup>th</sup>)

3 and under    4    5    6    7    8    9    10    11    12    13    14    15    16

CIRCLE SCHOOL: Libby Elementary(K-6)    Headstart    KVCS    Libby Middle/High School    Other \_\_\_\_\_

If you are **BUYING** a t-shirt please CIRCLE YOUR T-SHIRT SIZE – Include money with entry

CHILDREN'S SIZES: Youth S    Youth M    Youth L

ADULT SIZES: Small    Medium    Large    X-Large

Reminder: Race is Free.  
T-shirt Cost: Runner \$5.00  
Non-Runner \$10.00

**\*\*\*IF NOT A LIBBY PUBLIC SCHOOL STUDENT, YOU MUST PROVIDE PROOF OF MEDICAL INSURANCE TO PARTICIPATE IN THE 2016 YOUTH RUNNERFELL\*\*\* (Attach a copy of your insurance card, policy, payroll withdrawal or other verification.)**

**Release, Waiver and Media Consent**

I know that participating in the Youth Runnerfell is a potentially hazardous activity. I know I should not enter and participate unless I am medically able and properly trained. I also know that, although law enforcement protection will be provided, there may be volunteers, spectators, motor vehicles, bicycles, skateboards, and the like on the Youth Runnerfell course. With this understanding, I assume any and all risks associated with participating in the Youth Runnerfell including, but not limited to tripping, falling, running off the roadways which compromise the Youth Runnerfell course, contact with other participants, volunteers, spectators or with motor vehicles, bicycles, skateboards and the like, the effects of the weather, including but not limited to high heat, and/or humidity, and the condition of the Youth Runnerfell course, including but not limited to, curbs, course markers, obstacles, parked cars, water station tables, water cups, water, timing chutes, uneven pavement, potholes and rocks, gravel, grass surfaces, uneven cross country surfaces, and objects on the Youth Runnerfell course surface, all such risks being known and appreciated by me. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, legal representative or anyone else claiming on my behalf, covenant not to sue, and waive, release and discharge the Youth Runnerfell Committee, directors, officers, agents, Libby Nordicfest Association, Libby Public Schools, the City of Libby, Lincoln County, Youth Runnerfell volunteers and sponsors together with their agents, employees, assigns or anyone else acting for or on behalf of any of the foregoing entities, from any and all claims, liabilities, actions, and suits of any kind or nature whatsoever relating in any way to the entrant's participation in the Youth Runnerfell. This Release and Waiver extends to all claims of every kind whatsoever, foreseen or unforeseen, known or unknown.

If I am an operator or occupant of a stroller or assisted wheelchair, I agree that I will walk the entire Youth Runnerfell course and that I am fully responsible for my own safety and the safety of any occupant of the stroller or assisted wheelchair, and I acknowledge all responsibility for any claim made by any other Youth Runnerfell participant arising from any contact with my stroller or assisted wheelchair.

I also hereby consent to permit, and accept responsibility for emergency treatment in the event of injury or illness. I further grant full permission to the Youth Runnerfell Committee and/or any person or entity authorized by it to use my name, age, and school in the public domain. I further grant full permission for the Youth Runnerfell to use any photographs, videotapes, motion pictures, recordings, or any other record of this event, which may include me, for any purpose.

*I swear that the entry form I have submitted herewith is truthful and accurate. The verification of health insurance I have provided with my entry form is current and in effect, and I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I acknowledge that I have read the above Release, Waiver and Media Consent, and I agree and accept all terms and conditions set forth therein and agree to be bound by such terms.*

**APPLICATIONS FOR MINORS WILL BE ACCEPTED ONLY WITH A PARENT OR LEGAL GUARDIAN'S SIGNATURE.**

\_\_\_\_\_  
Signature of Parent/Guardian if participant is under 18 years of age

\_\_\_\_\_  
Date

Office Use Only – INS.

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Office Use Only - \$

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